

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

COMPANY NAME EVINS PERSONNEL CONSULTANTS/EVINS TEMPORARIES	
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I (we) authorize above named company to credit my (our) account with the depository named below. If the company erroneously deposits funds into my (our) account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

PART I.

DEPOSITORY NAME (FINANCIAL INSTITUTION)	<input type="checkbox"/> BANK <input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> CREDIT UNION <input type="checkbox"/> OTHER	City	State	Zip Code
TRANSIT/ABA NUMBER	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number		

This authorization will remain in effect until the company has received written notification from me (or either of us) that it is to be terminated in sufficient time and manner for the company to act on it.

PART II.

NAME(S)				
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
SIGNATURE				DATE

ATTACH YOUR VOIDED CHECK HERE

FORM ETPR021126