

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

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| 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.

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|---|---|----------------|-------|----------|
| 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.

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