



**EMPLOYEE AUTHORIZATION AGREEMENT  
FOR ACH TRANSACTIONS**

I hereby authorize Infinisource Inc., acting in behalf of my employer, to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to either my CHECKING or SAVINGS account indicated below, hereinafter called BANK, to credit or debit the same to such account. Payments will be accepted by Electronic Funds Transfer (National Automated Clearing House Only). If EFT is not available, non-signed paper items will be accepted.

Employer \_\_\_\_\_

**ACCOUNT INFORMATION**

Account Type      Checking \_\_\_\_\_      Savings \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank# (TRANSIT/ABA) \_\_\_\_\_ DDA Account # \_\_\_\_\_

This authority is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK and Infinisource Inc., a reasonable opportunity to act on it.

**DEPOSIT INFORMATION**

Deposit Options      Net Pay \_\_\_\_\_      OR      Fixed Dollar Amount \_\_\_\_\_      Cancel Direct Deposit \_\_\_\_\_

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**ATTACH VOIDED CHECK**