

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

Employee Name _____

Employee SSN _____

Employer _____

I hereby authorize Savers Administrative Services, Inc. and the financial institution(s) listed below to deposit my pay automatically to my:

- Checking Account
 - Deposit Net
 - Deposit \$ _____

- Savings Account
 - Deposit Net
 - Deposit \$ _____

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

Signature _____ **Date** _____

Bank Branch Name _____	City _____	State _____
<input type="checkbox"/> Checking #1 _____	_____	_____
<input type="checkbox"/> Savings #1 _____	Bank Transit # _____	Account # _____
Bank Branch Name _____	City _____	State _____
<input type="checkbox"/> Checking #2 _____	_____	_____
<input type="checkbox"/> Savings #2 _____	Bank Transit # _____	Account # _____

****AN ACTUAL VOIDED CHECK OR DEPOSIT SLIP(S) MUST BE ATTACHED****

If an actual check is not available to attach (i.e. some savings accounts), **you are responsible for obtaining the correct ACH transit routing number from your financial institution.**

Savers Administrative Services, Inc.
635 West Fourth Street, Suite 201
Winston-Salem, NC 27101
(336)759-3888 / (336)759-3999 (fax)