

Temp Associates Direct Deposit Agreement

Authorization Agreement For Automatic Deposits

I/We authorize Temp Associates, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such amount.

This is a (CHOOSE ONE)

Checking

Savings

DEPOSITORY

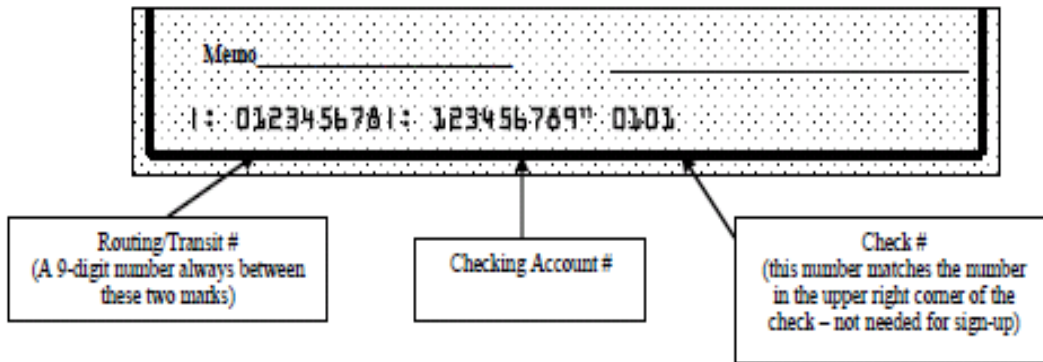
(BANK) NAME _____

CITY _____ STATE _____

TRANSIT/ABA NO. _____ ACCT. NO. _____

(Routing number)

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



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

NAME(Print) _____

Last four digits of your social security number _ _ _ _

SIGNED _____

DATE _____

This agreement must be signed to be processed.

(Place voided check)

Deposit slips not accepted.