



EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employer: _____

I (we) hereby authorize and release MY EMPLOYER, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, herein after called MY BANK, and I (we); authorize and request MY BANK to accept any credit entries initiated by MY EMPLOYER to such account and to credit the same to such account without responsibility for the correctness thereof.

I (we) also authorize and request MY EMPLOYER to effect repayment to MY EMPLOYER for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the initiation of the correcting entry COMPANY has sent or delivered to me written notice of the correction and the reason therefore and, the correcting entry is transmitted in such time as to be delivered or made available to MY BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to MY EMPLOYER or MY BANK Any such notification to MY EMPLOYER shall be effective only with respect to entries initiated by MY EMPLOYER after receipt of such notification and a reasonable opportunity to act on it. Any such notification to MY BANK shall be effective only with respect to entries credited to my (our) account by MY BANK after receipt of such notification and a reasonable time to act on it.

I (we) recognize, acknowledge and accept that this service is being provided for my (our) convenience. As such I {we} agree to hold MY EMPLOYER, CBIZ PAYROLL, Inc. each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by MY EMPLOYER and/or CBIZ PAYROLL, Inc. and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to his/her account.

YOU MUST ATTACH A VOIDED CHECK

Employee # _____ Banking Institution: _____

Account # _____ Routing # _____

Account Type: Checking Savings

ELECT DIRECT DEPOSIT

CANCEL DIRECT DEPOSIT

Employee Name: _____

Employee Signature: _____

Co-Owners Name: _____

Co-Owners Signature (optional): _____