



AUTHORIZATON AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

<u>Company Name</u>	<u>Company ID Number</u>
Fasco Employment, Inc.	27-0221092

I (we) hereby authorize *Fasco Employment, Inc.* hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Checking (circle one)	Savings (circle one)
Bank Name	Branch
City	State, Zip
Routing number	Account number

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

Names(s) _____ Last 4 of SSN _____
 (Please Print)

Date _____ Signature _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.