

**AUTHORIZATION AGREEMENT FOR PERSONAL ASSISTANCE DIRECT DEPOSITS
(TAPE INPUT)**

Bank Name: _____

Bank Address: _____
(City) (State)

Depositor Account No: _____

Type of Account: Checking Savings Debit Card
(Attach Voided Check)

TRANSIT ROUTING NUMBER **ACCOUNT NUMBER INFORMATION**

: ... :	
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I hereby authorize Stavros CIL as Fiscal Intermediary for my employer (consumer) to deposit my net pay at the financial institution named above. I understand the Stavros CIL may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

PCA NAME: _____

PCA SOCIAL SECURITY #: _____

Date: _____ PCA Signature: _____

EMPLOYER (CONSUMER) NAME: _____

It is understood this agreement may be terminated by me at any time by written notification to Stavros CIL. Any such notification to Stavros CIL shall be effective only with respect to entries initiated by Stavros CIL after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the BANK by the PCA is unacceptable. The BANK may terminate this agreement by written notice to the PCA for just cause.

Attach a voided check for each checking account **not a deposit slip**. If depositing to a savings account, ask your financial institution to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

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

John Q. Public
Jane Q. Public
111 Main Street
Anywhere USA 02341

Date: _____

0101

Pay to the Order of: _____ \$ _____

DOLLARS

MAIN STREET BANK
3000 Main Street
Anywhere USA 02341

Memorandum _____

:0 1 2 3 4 5 5 7 8: 1 2 3 4 5 6 7 8 9" 0101

Checking Account #
(Always between these 2 marks)

Routing/Transit #
(a 9-digit number
Always between
The two marks)

Check #
(not needed for sign-up)

STAVROS WILL NOT PROCESS A DIRECT DEPOSIT REQUEST TO A CHECKING ACCOUNT WITHOUT A VOIDED CHECK ATTACHED TO THE AUTHORIZATION AGREEMENT.

PLEASE CHECK TO SEE IF FUNDS HAVE BEEN DEPOSITED INTO YOUR ACCOUNT.
STAVROS CIL WILL NOT BE LIABLE FOR ANY OVERDRAFT FEES INCURRED DUE TO DELAYS IN DIRECT DEPOSIT.