AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

COMPANY NAME (EMPLOYER) _____ COMPANY ID NUMBER _____

I/we hereby authorize the above named company to initiate credit entries to account(s) named below and the bank(s) named below, to credit the same to such account(s).

I/we authorize the above named company to make corrections as necessary, provided that the company shall first provide notification or the error. This authority is to remain in full effect until written notification of its termination in such time and manner as to afford the company a reasonable opportunity to act.

I/we hereby acknowledge that it is my/our responsibility to verify that Direct Deposit funds have been properly deposited each pay day. I/we further acknowledge that neither PPM nor my employer will be held responsible for any bank fees incurred as a result of nonsufficient funds.

If an error or problem occurs with the Direct Deposit, please contact PPM immediately.

Place Voided Check Here

(a deposit slip does not have adequate information)

NAME (PLEASE PRINT)		SOCIAL SECURITY NUMBER - -
DATE	SIGNED	SIGNED (IF JOINT ACCOUNT)

ACCOUNT #1

BANK NAME	CIRCLE ONE	DEPOSIT AMOUNT
	CHECKING - SAVINGS	$. OR ALL
BANK TRANSIT NUMBER		ACCOUNT NUMBER
⑆ ⑆		

ACCOUNT #2

BANK NAME	CIRCLE ONE	DEPOSIT AMOUNT
	CHECKING - SAVINGS	$. OR ALL
BANK TRANSIT NUMBER		ACCOUNT NUMBER
⑆ ⑆		

ACCOUNT #3

BANK NAME	CIRCLE ONE	DEPOSIT AMOUNT
	CHECKING - SAVINGS	$. OR ALL
BANK TRANSIT NUMBER		ACCOUNT NUMBER
⑆ ⑆		