



Employee Authorization Agreement For Direct Deposit

Client Company: Professional Plastering Designs, Inc.

Employee Name: _____

Social Security Number: _____

Today's Date: _____ Effective Date: _____

I request my payroll deduction/direct deposit be placed in the following account(s):

Institution	Bank ABA No. <small>(Cannot start with a 5)</small>	Account Number	Deduction \$ Amt / %	Account Type
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#	#			<input type="checkbox"/> Savings <input type="checkbox"/> Checking
#	#			<input type="checkbox"/> Savings <input type="checkbox"/> Checking
#	#			<input type="checkbox"/> Savings <input type="checkbox"/> Checking

I authorize Workforce Business Services to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown. The direct deposit(s) will be made on each succeeding payday, unless I notify Workforce Business Services in writing of my intent to cancel. Workforce Business Services receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Workforce Business Services to debit my account(s) not to exceed the original amount of the credit. I understand that Workforce Business Services reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

NOTE Initial set up of direct deposit may take 10 business days. You will receive a standard payroll check until this process has finalized. Workforce Business Services does not charge a fee for this service, however, your bank may. Please contact your bank directly with inquiries regarding additional fees.

Signature _____ Date _____



Professional Plastering Designs Inc.

Acknowledgement

Receipt of Uniform Shirts

Shirt Size: S / M / L / XL / XXL / XXXL Amount: _____ Charged: No / Yes \$ _____

Notes: _____

The undersigned hereby acknowledges receipt of the goods previously described:

Employee Name: _____ Date Received: ___ / ___ / _____

Employee Signature: _____