

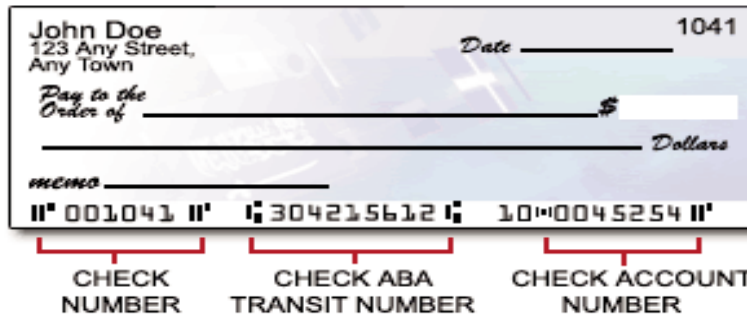
Attention: _____

Employee Name:	Company Name:	Client Number:
Requested By:	Submission Date:	Client Fax:

Bank Account Information

Account Type	Account Information: Please Check Account #'s to Ensure Accuracy
<input type="checkbox"/> Checking	Financial Institution:
<input type="checkbox"/> Savings	Transit #:
<input type="checkbox"/> % _____ <input type="checkbox"/> % _____	Account #:
Account Type	Account Information: Please Check Account #'s to Ensure Accuracy
<input type="checkbox"/> Checking	Financial Institution:
<input type="checkbox"/> Savings	Transit #:
<input type="checkbox"/> % _____ <input type="checkbox"/> % _____	Account #:
Account Type	Account Information: Please Check Account #'s to Ensure Accuracy
<input type="checkbox"/> Checking	Financial Institution:
<input type="checkbox"/> Savings	Transit #:
<input type="checkbox"/> Net Balance Remaining	Account #:

Please use this as reference for obtaining your correct account information.



Write void across check and attach here or as a separate page.

I, _____ hereby authorize _____, hereinafter, called "company", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above and the financial institution(s) named above, to credit and/or debit the same to such account. This Authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company and financial institution(s) a reasonable opportunity to act on it. I also acknowledge that direct deposit is not guaranteed and will take no less than 10 business days from my next check date to begin due to the ACH pre-note test file required.

Signed (Employee) _____ Date _____
Signed (Depositor) _____ Date _____

Below is reserved for Solex Payroll Systems, Inc. use only.

Date Entered:	By:
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