



Authorization Agreement for Automatic Deposits (ACH) Credits

Important! Please read and sign before completing and submitting.

I hereby authorize Cleveland Integrity services Inc., (hereinafter "CIS") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by CIS to my accounts. In the event that CIS deposits funds erroneously into my account, I authorize CIS to debit my account for an amount not to exceed the original amount of the erroneous credit.

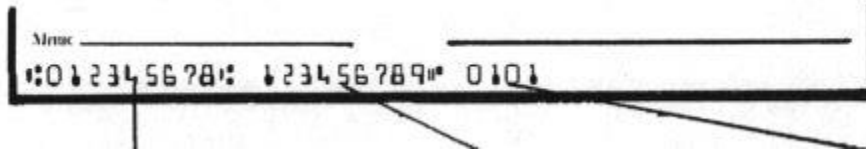
This authorization is to remain in full force and effect until CIS has received written notice from me of its termination in such time and in such manner as to afford reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

To enroll in Full Service Direct Deposit, Simply fill out this form and return to Cleveland Integrity Services office. **Attach a voided check for each checking account – not a deposit slip.** If depositing to a savings account ask your bank 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 MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit #
(A 9 digit number always between these two marks)

Checking Account #

Check #
(This number matches the number in the upper right corner of the check – not needed for sign-up)

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts please complete another form. **Make sure to indicate what kind of account, along with amounts to be deposited if less than your total net paycheck.**

1. Bank Name/ City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit \$ _____ or Entire Net Amount

2. Bank Name/ City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit \$ _____ or Entire Net Amount

3. Bank Name/ City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit \$ _____ or Entire Net Amount