

Authorization for Direct Deposit

This authorizes LPC Personnel, Inc to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Please Provide the Following:

Account Type (e.g. Checking, Savings, Loan...)

Employee Bank Name

Branch

City **State**

Bank Routing Number (ABA#)

Account Number

Additionally, provide a copy of a voided check.

Please provide an e-mail address for a notification of withheld amounts, taxes, and the amount deposited.

Email _____

State/DL# _____ **SSN** _____

This authorization will be in effect until the Company receives a written termination notice. (The notice must be received before the end of the current pay period.)

Signature _____

Printed Name _____

Date _____

**** Your Password for your e-mail notifications will be the first four letters of your last name and the last four numbers of your social security number.**