

EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Client Name:	Co. ID #
--------------	----------

I (we) hereby authorize and release CLIENT NAME (hereafter referred to as COMPANY), to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, herein after called BANK, and I (we); authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

I (we) also authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the initiation of the correcting entry COMPANY has sent or delivered to me written notice of the correction and the reason therefore and, the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

I (we) recognize, acknowledge and accept that this service is being provided for my (our) convenience. As such I (we) agree to hold COMPANY, MoneyWise Payroll Solutions, Inc., each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by COMPANY and/or MoneyWise Payroll Solutions Inc. and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to his/her account.

ATTACH VOIDED CHECK

Employee # _____	Name _____
	Institution: _____
Account # _____	Routing # _____

Account Type: ___ Checking ___ Savings

Deposit Options (Select only one)

<input type="checkbox"/> CANCEL DIRECT DEPOSIT	<input type="checkbox"/> Deposit ENTIRE Net Pay Amount	<input type="checkbox"/> Deposit \$____.____ Of Net Pay each pay period	<input type="checkbox"/> Deposit ____% of Net Pay each pay period
--	--	---	---

Employee Name: _____	Co-Owners Name: _____
Employee Signature: _____	Co-Owners Signature: _____

**** PLEASE COMPLETE ONE FORM FOR EACH DEPOSIT REQUEST ****