



AUTHORIZATION AGREEMENT FOR DIRECT ACCOUNTS PAYABLE (ACH CREDIT)

I (we) hereby authorize **EAK**, hereinafter called COMPANY, to credit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

*Your first check will most likely be a mailed paper check but could be direct deposit based on when this completed form is received during our payroll cycle. Please call with any questions.

Financial Institution

(Routing number)

(Account number)

Type of Account: Checking Savings

Employer Name _____

If you currently work for another EAK Employer and would like payments from your new Employer deposited using the same direct deposit payroll information, please initial here _____.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Printed Employee name)

(Employee Signature)

(Date)

- If any information on this form changes, please contact Payroll immediately.

Have you attached a voided check, voided deposit slip or a printed document from your bank that lists the routing number, account number and account holders name? We cannot accept temporary checks/slips.

Payroll must receive one of these items before the direct deposit can be set up. Please send to

payroll@eakcds.com.