



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

NEW AUTHORIZATION CANCEL DIRECT DEPOSIT CHANGE IN ACCOUNT
 ADD ADDITIONAL ACCOUNT CHANGE IN DOLLAR AMOUNT

Please Print Legibly:

SOCIAL SECURITY NUMBER _____ - _____ - _____ (REQUIRED) THIS FORM WILL NOT BE PROCESSED WITHOUT YOUR SOCIAL SECURITY NUMBER.

LEGAL NAME (as it appears on your SSN card) _____

FIRST ACCOUNT (REQUIRED)

DEPOSIT INTO MY CHECKING or SAVINGS

BANK / CREDIT UNION _____

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER (Verify the TRN & Account #'s with your bank if necessary)

SECOND ACCOUNT (OPTIONAL)

DEPOSIT PARTIAL AMOUNT \$ _____ CHECKING or SAVINGS

BANK / CREDIT UNION _____

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER (Verify the TRN & Account #'s with your bank if necessary)

- ✓ IT IS EXTREMELY IMPORTANT TO PRINT ALL NUMBERS CAREFULLY.
- ✓ PLEASE ATTACH A COPY OF A VOIDED CHECK, NOT A DEPOSIT SLIP.
- ✓ PLEASE GIVE TO YOUR TASK FORCE SUPERVISOR OR FAX TO THE PAYROLL DEPT. @ 303.805.2400
- ✓ PLEASE KEEP A COPY FOR YOUR RECORDS.

I authorize Task Force, Inc. to initiate credits (and/or modify previous authorized credits) to the financial institution designated above. I understand that sometimes, although rare, the credit to my account may be late. Task Force, Inc. will not be responsible for any bank fees (set up fees, monthly fees, overdraft fees) that may be incurred in conjunction with this authorization. If using a joint account, I have notified my co-account partner that I am using Direct Deposit. This authorization will remain in effect while I am employed with Task Force, Inc. until I give written notice to either modify or terminate this authorization. Task Force, Inc. retains the right to end direct deposits at any time.

Signature

Date
