ACH / Direct Deposit Authorization



Instructions _____

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1		
Account 1 type:	Checking	Savings
Bank routing number (AB	3A number):	
Account number:		
Percentage or dollar amo	ount to be deposit	ed to this account:
Account 2		
Account 1 type:		(Remainder to be deposited to this account) Savings
Bank routing number (At	3A number):	
Account number:		
	Atta	ch a voided check for each account here

Authorization

This authorizes <u>JASKO Enterprises</u>, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) 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. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature:	Employee ID #:	
Print name:	Date:	