AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS

I hereby authorize Select Data Service Administrators, hereinafter called, Company, to deposit to my (our) account indicated below the **NET** amount I am due for any pay period with the same effect as if a check had been delivered to me for such amount. I also authorize the Financial Institution named below, hereinafter called Bank, to credit the same to such account. In the event that an entry to my account was made in error, I authorize the Bank to make the adjusting entries.

This authorization is to remain in effect until Company or Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it. Termination of employment also voids this agreement. **The Company must keep the original or microfilm equivalent for two years after termination or revocation of authorization.**

Financial Institution_____

City_____State_____Zip_____

Account Number_____

Name(s) _____SSN_____

Name(s) _____SSN_____

Signed_____Date_____

Signed_____Date_____

ATTACH VOIDED CHECK

COMPANY USE ONLY

BANK ROUTING NUMBER									CUSTOMERS BANK ACCOUNT																