

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize One Man's Trash is Another Man's Treasure, LLC and or agents to initiate credit entries to my account(s) at the Financial Institution(s) named below.

- For **Checking** account deposits, a voided personal **CHECK MUST BE ATTACHED**. Deposit tickets are not acceptable.
- For Savings account deposits, **OBTAIN A VALID TRANSIT/ABA ROUTING NUMBER** from your financial institution and print such information below. Deposit tickets are not acceptable.

Full or Net Deposit	
Checking	Savings
Financial Institution: _____	Branch: _____
City: _____	State: _____ Zip Code: _____ - _____
Transit/ABA No: _____	
Checking Account #: _____	
Savings Account #: _____	

In addition to credit entries, I hereby authorize One Man's Trash is Another Man's Treasure, LLC, and or agents to make any debit entries necessary to correct deposit errors to my account. This authority is to remain in full force and effect until One Man's Trash is Another Man's Treasure, LLC and or agents has received written notification from me to terminate the direct deposit and One Man's Trash is Another Man's Treasure, LLC and or agent and the Financial Institution have a reasonable opportunity to act on the termination.

My direct deposit will continue to be sent to the selected Financial Institution by One Man's Trash is Another Man's Treasure, LLC and or agents until I notify One Man's Trash is Another Man's Treasure, LLC and or agents in writing of any changes. To affect a change, I agree to contact One Man's Trash is Another Man's Treasure, LLC and or agents for a new "Authorization Agreement for Direct Deposit" form. If I am changing financial institutions, I understand that One Man's Trash is Another Man's Treasure, LLC and or agents must de-activate my old account before the new account can be activated. This will result in my receiving a "live" paycheck during this transition. I further understand that I should maintain accounts at both financial institutions until the transition is complete.

I also understand and agree that in the event of my separation from employment for any reason, my final paycheck may be issued as a "live" paycheck rather than a direct deposit and in such case, I hereby confirm and agree that my direct deposit authorization shall be revoked and will terminate.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_