

Authorization Agreement for Automatic (ACH) Credits

DEPT # _____ EMPLOYEE # _____

Employee Name: _____

Address, Street: _____

City, State, Zip: _____

Company Name: _____

Company Number: _____

I hereby authorize INTERLOGIC SYSTEMS, INC. (ISI) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the DEPOSITORY to credit and/or debit the same to such account.

Depository Name: _____

Address, Street: _____

City, State, Zip: _____

Checking Savings

Transit/ABA Number: _____

Account Number: _____

Amount to deposit;
if net due, write net: \$ _____

Description: Payroll Check

This authority is to remain in full force and effect until notified by me or ISI of termination or revocation.

By: _____

(Employee Signature)

Date: _____