

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
WITHDRAWALS
(DEBITS)

WESTERN IDAHO EMPLOYEE SERVICES, INC.

I (we) hereby authorize Western Idaho Employee Services, hereinafter call WIES, to initiate debit entries to my (our) Checking/Transaction Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

COMPANY NAME: _____

BANK NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TRANSIT/ROUTING #: _____

ACCOUNT #: _____

(IMPORTANT: PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKBOOK)

This authorization is to remain in full force and effect until WIES has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WIES and DEPOSITORY a reasonable opportunity to act on it. I understand that thirty (30) days notice, in writing, to WIES is required if I change banks and/or accounts.

NAME (S): _____ DATE: _____
(PLEASE PRINT)

SIGNED: _____