

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(CREDITS)

WESTERN IDAHO EMPLOYEE SERVICES



I (we) hereby authorize Western Idaho Employee Services, hereinafter call WIES, to initiate credit entries to my (our) Checking/Transaction Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit 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.

EMPLOYEE NAME: _____

BANK NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REQUIRED! PLEASE ATTACH A VOIDED CHECK.
(FROM YOUR CHECKBOOK or A BANK PROVIDER
FORM WITH ROUTING NUMBER AND ACCOUNT
NUMBER!)

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): _____

(PLEASE PRINT)

DATE: _____ SIGNED: X _____