



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize Devau Human Resources, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

Checking

Savings

(Select one)

FINANCIAL INSTITUTION NAME

CITY

STATE

ZIP CODE

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE ATTACH A VOIDED CHECK

This authority is to remain in full force and effect until COMPANY has received notification from me of its termination in such time and in such manner as to allow COMPANY and INSTITUTION a reasonable opportunity to act on it.

EMPLOYEE NAME (PLEASE PRINT)

NAME ON ACCOUNT (If different)

DATE

SIGNATURE

EMAIL FOR PAYSTUBS

Devau Human Resources – 720 E. North Lane, Suite #1 Phoenix, AZ 85020 – Fax: 602-314-5033