

Direct Deposit Authorization

INSTRUCTIONS:

- Complete and sign form.
- If depositing into a checking account, attach a voided check.
- If depositing into a savings or non-banking account, please send routing number and account number on the financial institution's letterhead.

PLEASE PRINT

Name: _____

Social Security Number: _____

Bank Name: _____

Checking Savings

Routing Number: _____

Account Number: _____

Entire Net Pay Specific Dollar Amount \$_____.00

Bank Name: _____

Checking Savings

Routing Number: _____

Account Number: _____

Entire Net Pay Specific Dollar Amount \$_____.00

I hereby authorize ProSquare Software Systems, Inc (ProSquare). to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by ProSquare to my account. In the event that ProSquare deposits funds erroneously into my account, I authorize ProSquare to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ProSquare and BANK have received written notice from me of its termination in such time and in such manner as to afford ProSquare and BANK a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____