

AUTHORIZATION FOR DIRECT DEPOSIT

Employee Name: _____

I hereby authorize Ernst Enterprises, Inc to deduct from my check each week the amount specified below to be deposited into my checking and/or savings account as directed. *Please attach a copy of a check with the word "VOID" on the copy or a bank spec. sheet.*

NEW: _____	CHANGE: _____	STOP: _____
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Account- _____ Please choose one option from above and then choose account.

Name of Bank: _____ Amount: \$ _____ OR **ALL**
WRITE AMOUNT OR CIRCLE "ALL"

Bank Routing #: _____ Account #: _____

Type of Account: Savings or Checking Bank Address: _____
CIRCLE ONE

NEW: _____	CHANGE: _____	STOP: _____
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Account- _____ Please choose one option from above and then choose account.

Name of Bank: _____ Amount: \$ _____ OR **ALL**
WRITE AMOUNT OR CIRCLE "ALL"

Bank Routing #: _____ Account #: _____

Type of Account: Savings or Checking Bank Address: _____
CIRCLE ONE

NEW: _____	CHANGE: _____	STOP: _____
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Account- _____ Please choose one option from above and then choose account.

Name of Bank: _____ Amount: \$ _____ OR **ALL**
WRITE AMOUNT OR CIRCLE "ALL"

Bank Routing #: _____ Account #: _____

Type of Account: Savings or Checking Bank Address: _____
CIRCLE ONE

Employee Signature

Date