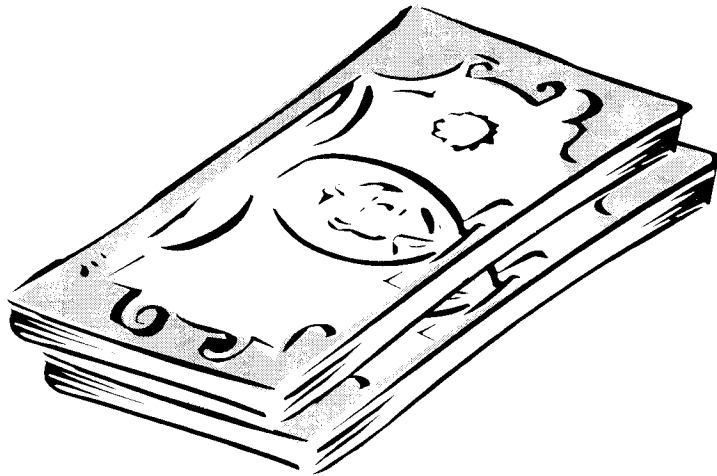


EMPLOYEE LEASING, INC.

5256 S. Mission Rd #808, Bonsall CA 92003 ♦ Ph: 760-639-6013 ♦ Fx: 760-639-6074

Website: www.workerleasing.com / Email: admin@workerleasing.com



Direct Deposit Request

(TYPE OR PRINT CLEARLY)

(For new / amended DD requests: PLEASE ATTACH A VOIDED CHECK)

Employee Name - _____ Employee # - _____

Address - _____

Hm Phone - _____ Cell/Alt Ph - _____

Bank Name - _____

Account # - _____ Routing# - _____

Account Type - (Circle One) Checking Savings

By signing this request I authorize Employee Leasing, Inc. to electronically deposit payroll amounts into the account signified on this form. I Authorize Employee Leasing, Inc. to initiate corrections and/or adjustments for any previous credit and/or debit transactions completed in error. I understand I must give 10 business Days notice of any change to the account or routing of monies. I understand it may take up to 10 business days (Excluding weekends and holidays) for these changes to take effect. I will not hold Employee Leasing, Inc. or their agents responsible for any freeze / hold on monies being electronically deposited to this account. I fully understand that Employee Leasing, Inc. or their agents will not be liable for any fees or charges of any kind. I give Employee Leasing, Inc. authorization to retrieve the necessary information to complete this direct deposit including authorization for Employee Leasing, Inc to verify all information above with my bank, including the Account number, Account Name and Account Routing number. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND ACCEPT THESE TERMS

Authorized By - _____ Date - _____