



Authorization for Direct Deposit – Employee Form

This authorizes **Glendora Employment Agency, Inc.** to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account Information

Account Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Employee Name - (Name on Account)

Please attach a voided check for above bank account

This authorization will be in effect until Glendora Employment Agency, Inc. receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee Social Security Number – Last 4 digits

Date