

AUTHORIZATION FOR DIRECT DEPOSIT

The Undersigned employee authorizes DEN-CHEX LLC, the payroll service provider of the employer \_\_\_\_\_ to make direct deposits from time to time in the account identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the rules of the Michigan Automated Clearing House associations(MACHAA).

Primary Account

Bank Name: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_

Checking Or  Savings account Number: \_\_\_\_\_

Employee details

Name \_\_\_\_\_ SSN \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please paste or copy of a voided check in this box