

LIFE INC CDS PAYROLL SERVICE

**DIRECT DEPOSIT ENROLLMENT**

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, 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 Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer

Date:

Bank Name:

Please tape your voided check or deposit ticket below.  
IMPORTANT! Check type of account ( ) Checking ( ) Savings

If your account does not have checks associated with it, a copy of a letter from your bank verifying your bank account and routing number may be submitted.