



ACCOUNT #: _____

CLIENT NAME: _____

EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**(ACH CREDITS)**

I hereby authorize WPS, Inc. to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my **Checking** ☐ **Savings** ☐ account (Select one) indicated below, and the depository named below, hereinafter referred to as "Depository" to credit and / or debit the same to such account.

\$ Amount per Paycheck: _____

% Amount per Paycheck: _____

Depository Name (Bank): _____

Branch: _____

City: _____ State _____

Zip: _____

Transit / ABA No.: _____

Account No.: _____

This authority is to remain in full force and effect until WPS, Inc. has received written notification from me of its termination in such time and in such manner as to afford WPS, Inc. and Depository a reasonable opportunity to act on it.

Name: _____

Employee ID No.: _____

Signed: _____

Date: _____

* For multiple accounts please fill out additional forms.

Attach COPY of CHECK here