

AUTHORIZATION FOR DIRECT DEPOSIT

Payroll Agent: Acumen Fiscal Agent, LLC
4542 E Iverness Ste 210
Mesa, AZ 85206

Phone: 877-299-4568
Fax: 877-567-5602

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to my account provided I am notified in writing of such debit; to my

▶ **checking** (attach a voided check) and/or

▶ **savings** (attach a deposit slip)

account indicated below and I further authorize the Financial Institution named below to accept such entries and to credit the amount thereof to such account.

You can have your check deposited into more than one account. Please be sure to indicate the **percentage** of your check you want deposited into each account. Attach a **voided check** for checking account(s) or a **deposit slip** for a saving account(s). Any change to your account must be submitted immediately!!! *When you resubmit the change, you must notify us if you want the next 1-2 pay periods direct deposited into your old account, or if you want paper checks sent to you in the mail until the new account is authorized.*

1. Financial Institution Name

Branch Name and Phone Number

Address/City/State/Zip

Account Routing Number

Account Number

% of check to be deposited

2. Financial Institution Name

Branch Name and Phone Number

Address/City/State/Zip

Account Routing Number

Account Number

% of check to be deposited

This authority is to remain in full force and effect until Company and Financial Institution has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Print Name

Social Security Number

Signature

Date

Phone Number

Authorization will take effect not less than 10 days after acceptance by Financial Institution



OK Aug-07