

ACH Direct Deposit Authorization Agreement

Originating Company Name: CRG Workforce
Company Tax ID Number: 56-1897373

I (we) hereby authorize CRG Workforce, hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my (our) checking/savings account indicated below and the depository name below, hereinafter called DEPOSITORY, to credit (or debit) the same to such account.

Employee Name: _____

Bank Name/Branch: _____

Bank Routing/ABA Number: _____

Checking Account Number:	Amount to be deposited:
_____	\$ _____ /ppp

Savings Account Number:	Amount to be deposited:
_____	\$ _____ /ppp

This authority is to remain in full force and affect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Please return a voided check or bank letter (no deposit ticket) from your account with this form.

*****I am aware that even with this completed form, if I have not provided a voided check or a bank letter to verify my account, that direct deposit will NOT be set up, and I will receive paper checks via USPS until I provide a voided check or bank letter.**

*****I am aware that once this completed form and bank letter or voided check are returned, it could take a week to process, and that my check may be mailed via USPS before direct deposit goes into effect.**

Social Security/ID Number: _____

Employee Signature: _____

Date: _____