

Fast Guard Service

Authorization For Direct Deposit

Employee Name:	
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I hereby authorize Fast Guard Service to direct deposit:

Net Check

to my account at the following financial institution:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution:
City, State, Zip:
Transit/ABA No. (9 digits):
Account Number:

(IF CHECKING ACCOUNT, PLEASE ATTACH A COPY OF VOIDED CHECK OR BANK DOCUMENT

I authorize Fast Guard Service and its agents, including financial institutions, to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above.

This authority is to remain in full force and effect until Fast Guard Service has received written notification from me of its termination in such time and in such manner as to afford Fast Guard Service and the financial institution named above a reasonable opportunity to act upon it.

Date: _____	Signed: _____
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