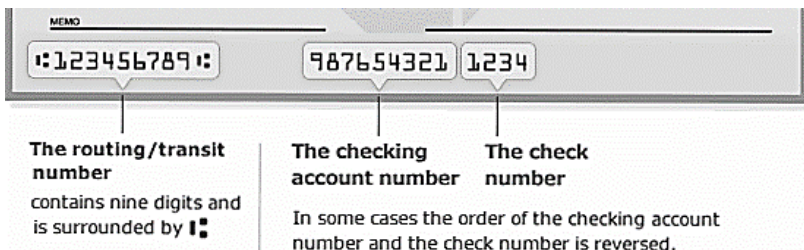




Direct Deposit Authorization Form

Complete below and attach a voided check or other bank documentation to verify your account.



Full Name: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings

Name of 2nd Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____ % or Remainder

Type of Account: Checking Savings

SRPS IS HEREBY AUTHORIZED TO DIRECTLY DEPOSIT MY PAY TO THE ACCOUNT LISTED ABOVE. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I MODIFY OR CANCEL IT IN WRITING.

Signature: _____

Date: _____