

Authorization for Payment/Direct Deposit

Employee Name _____ Employee SSN _____

I hereby authorize ALLIANCE, INCORPORATED hereinafter called Company, to initiate credit entries to my (our) checking account indicated below and the depository, hereinafter called Depository, to credit the same to such account.

Depository Name _____ Branch _____

City _____ State _____ ZIP _____

Transit/ ABA No. _____ Account Number _____

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

Name _____ ID Number _____ LeaveBlank _____

Date _____ Signed _____

Important *In order to avoid any possibility of errors, please include a voided check along with the return of this form. Information will be kept strictly confidential.*

Alliance, Inc.
PO Box 9316
Green Bay, WI
54308-9316

Your account information at the bottom of the check may have been rearranged. Some Financial Institutions place the check number field (1800 in the example below) on 6" wide checks in a different position than on 8 1/2" wide checks. We follow your Financial Institution's specifications. The example below shows one of several possible rearrangements.

Personal "Checkbook" size check (6") Account Information
⑆ 123456789⑆ ⑆ 180000⑆ 1800

This number is your check number

Standard check size (8 1/2") Account Information
⑆ 001800⑆ ⑆ 123456789⑆ ⑆ 180000⑆

This number is your Account Number.

Transit/ABA No. is always the number between these two symbols