



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize **ROPER STAFFING** to initiate credit entries to my Checking Account/ Savings Account (select one) shown below at the depository financial institution indicated, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.

This authorization is to remain in full force and effect until ROPER STAFFING has received written notification from me of its termination in such time and in such manner as to afford ROPER STAFFING and DEPOSITORY a reasonable opportunity to act on it. _____. (Initials of employee)

Name (Please Print)

Social Security Number

Signature

Date

Financial Institution
Name _____

Branch

Financial Institution
Address _____

Account
Number _____
(second series of numbers)

Routing Number (1ST 9 numbers on bottom
of check)

*****Roper can't guarantee when your funds will be available. Please check with your bank.*****

ATTACH VOIDED CHECK HERE

(WRITE "VOID" ACROSS THE CHECK)