



LEGALSOURCE

LEGAL STAFFING SOLUTIONS

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize LegalSource to initiate credit entries to my Account, indicated below, at the depository financial institution named below, hereafter 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. I agree that by electing to receive direct deposits, I will not receive weekly printed statements of deposits to my account (i.e. "pay stubs") but that such information will be made available to me online. Statements can be accessed by logging in at www.adamsgrayson.com/login.shtml using the user ID and password provided on the first day of work. (Lost or forgotten user IDs and passwords can be retrieved by clicking on the "forgot password?" link at that page.)

Depository
Name _____ Branch _____

Account Type: _____ (Checking or Savings)

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until LegalSource has received written notification from me of its termination. **I UNDERSTAND THAT IT MAY TAKE UP TO 2 WEEKS FOR THE TERMINATION TO TAKE EFFECT AND THAT LEGALSOURCE IS NOT RESPONSIBLE FOR MISDIRECTED DEPOSITS THAT RESULT FROM A FAILURE TO PROVIDE LEGALSOURCE ADEQUATE WRITTEN NOTICE OF ANY CHANGES TO MY ACCOUNT.**

Name _____ Soc Sec Number _____
(Please print)

Date _____ Signature _____

PLEASE ATTACH A VOIDED CHECK TO THIS SHEET. WE CANNOT COMPLETE YOUR DIRECT DEPOSIT WITHOUT A VOIDED CHECK OR A DIRECT DEPOSIT FORM FROM YOUR DEPOSITORY.

ATTACH VOIDED CHECK HERE