

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I (we) hereby authorize **Godshall and Godshall Personnel Consultants, Inc.**, hereinafter called COMPANY, to initiate electronic credit entries to my (our) ___Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to make any necessary entries and adjustments for any credit entries in error to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____

City _____ State & Zip Code _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either or us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY as reasonable opportunity to act on it.

Name _____ Social Security No. _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*****PLEASE ATTACH A VOIDED CHECK*****