

I hereby authorize my employer to directly deposit my net pay into the bank accounts as specified. I am attaching voided checks for the checking accounts and/or letters from the financial institution for the savings accounts specified above. LiquidAgents Healthcare is not responsible for any erroneous information provided. Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my accounts to the extent of such overpayment. This authorization is to remain in force until the company has received written authorization from me of its cancellation or change.

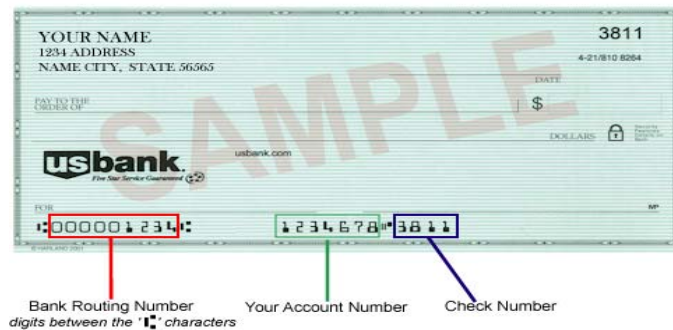
Note: Funds transferred by electronic transmission normally post to accounts two (2) to three (3) banking days after payroll is processed. Employee remains responsible for verifying that their funds are deposited, clear and available prior to writing checks or debiting account versus any electronically transmitted amount.

Employee Name: _____ Social Security # _____

Employee Signature: _____ Date: _____

Check One:

- New enrollment** (Attach voided check for checking account and/or letter from your financial institution for savings)
- Change present financial institutions and/or accounts** (Complete form as per new enrollment)
- Cancel direct deposit** (List only accounts to which direct deposit should end)



For new enrollments, attach a voided check for each checking account – not a deposit slip. If depositing into a savings account(s), you must provide a letter from your financial institution which provides the routing and account number. ***New or Change enrollment forms will not be processed if you do not provide a voided check or letter from your financial institution.***

I. Bank Name _____ Checking Savings

Routing/Transit #: _____ Account Number: _____

Entire Net Check Amount \$ _____

II. Bank Name _____ Checking Savings

Routing/Transit #: _____ Account Number: _____

Entire Net Check Amount \$ _____

III. Bank Name _____ Checking Savings

Routing/Transit #: _____ Account Number: _____

Entire Net Check Amount \$ _____