



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **FIRSTOPTION STAFFING**, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Bank named below, hereinafter called BANK, to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Bank Name) (Branch)

(Address) (City, State) (Zip)

(Routing/Transit Number) (Account Number) Type of Acct: ___ Checking ___ Savings

(Amount) (Frequency of Occurrence: Monthly, Quarterly, etc.)

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

(Print Individual Name)

(Print Individual Name)

(Print Individual ID Number)

(Print Individual ID Number)

(Signature)

(Signature)

(Date)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM