



**DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Company Name \_\_\_\_\_

I (We) hereby authorize *ASCEND HR SOLUTIONS*, hereinafter called COMPANY, to initiate either by paper or electronic means debit and, if appropriate, credit entries to my /our Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit or credit the same to such account.

Depository / Bank Name \_\_\_\_\_

Address or Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account Number \_\_\_\_\_

Checking (\$ or %) \_\_\_\_\_ Savings (\$ or %) \_\_\_\_\_

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

Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Signed \_\_\_\_\_

\*\*\*\*\*For Checking attach a void check below – For Savings complete routing number and account number above \*\*\*\*\*

