

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

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I hereby authorize Shann's Tax Service, Inc.  
to initiate credit entries into my bank account  
for my payroll checks.

A photocopy of my voided check is attached for the sole purpose of information pertaining to the bank name, account and routing number.

Signature of Employee

Date

Signature of other Account Holder (if applicable)

Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

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