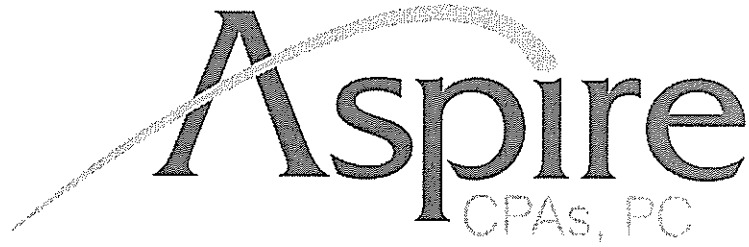


MAIL OR FAX TO:

Aspire CPAs, PC
8425 Woodfield Crossing Blvd.,
Suite 110
Indianapolis, IN 46240

Fax No.: 317.469.4700
(No Cover Page Required)
Page 1 of _____



Direct Deposit Authorization Form
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: _____

Company ID Number: _____ (office use)

I (we) hereby authorize Aspire CPAs, PC, hereinafter called "Company", to initiate credit entries to the checking account indicated below at the bank named below, hereinafter called "Bank", to credit the same to such account.

Bank Name _____

Branch _____

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

This authorization 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 in such manner as to afford Company and Bank a reasonable opportunity to act on it.

Name(s) _____

EIN # _____

Signed X _____

Date _____

Signed X _____

Date _____

Please attach a voided pre-printed deposit slip or check

Date: _____		3400
Payable to: _____		
Amount: _____		DOLLARS
with _____		X _____
⑆ 223456789 ⑆ 1234567890 ⑆ 3560		
Transit/ABA No	Account No	

Employee Information for Direct Deposit

please print legibly

Employee Name: _____ Social Security No.: _____

What Portion of Net Pay Would You Like Deposited?

*You may have all or part of your paycheck deposited directly to your bank account(s).
Select one of the following options to indicate the portion of your total paycheck you want deposited.*

100% of Net Pay
 Indicated Percent _____%
 Indicated Dollar Amount \$ _____

How Do You Want The Direct Deposit Made?

Please identify up to four bank accounts where you want your check deposited, and indicate the amount or percentage of your paycheck you want deposited in each account. You must enter information in the "Account for the Balance of the Direct Deposit Amount" section.

Attach a deposit slip or cancelled check for each account

Account for the Balance of the Direct Deposit Amount:	Account for Percent or Selected Amount Deposit:
Bank Name:	Bank Name:
Bank Routing Number:	Bank Routing Number:
Bank Account Number:	Bank Account Number:
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<input type="checkbox"/> The remainder of the check will be automatically deposited in this account	Indicate Deposit Amount for this Account: (select one)
	<input type="checkbox"/> Percent of Direct Deposit Amount _____%
	<input type="checkbox"/> Selected Dollar Amount \$ _____

Account for Percent or Selected Amount Deposit:	Account for Percent or Selected Amount Deposit:
Bank Name:	Bank Name:
Bank Routing Number:	Bank Routing Number:
Bank Account Number:	Bank Account Number:
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Indicate Deposit Amount for this Account: (select one)	Indicate Deposit Amount for this Account: (select one)
<input type="checkbox"/> Percent of Direct Deposit Amount: _____%	<input type="checkbox"/> Percent of Direct Deposit Amount: _____%
<input type="checkbox"/> Selected Dollar Amount \$ _____	<input type="checkbox"/> Selected Dollar Amount \$ _____

Signature _____ Date: _____

For Office Use Only

Date Received: _____ Date Prenoted: _____ Date Accepted: _____

Comments: _____