

Authorization Agreement for Automatic Payroll Deposit

I hereby authorize Madison Area Rehabilitation Centers Inc. to initiate debit or credit entries to the account listed below:

Name on Account		Account Number											
Financial Institution		Financial Institution Routing Number*	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 30px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
<input type="checkbox"/> Entire payroll amount or \$ _____ per pay period	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Saving												

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This authority is to remain in full force until the above named Company receives a written notification from Account Owner to terminate this Agreement within a reasonable amount of time for the parties involved to act upon the termination.

Account Owner Authorization

Printed Name	
Signature	
Date	

Please staple a copy of a voided check of the account to be debited to form

*The financial Institution Routing Number is the nine digit number found on the bottom of the check.