

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDIT)

EMPLOYER NAME: **Interviewing Consultants, Inc.** / EMPLOYER ID: **ICIP**

I hereby authorize my employer, Interviewing Consultants, Inc., to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

	Type of Account
_____	_____ Checking
1. Name of bank, savings & loan or credit union	Percentage of net pay amount _____%
_____	_____ Savings
Routing and Transit number	Percentage of net pay amount _____%
_____	or fixed amount \$ _____
Account Number	

	Type of Account
_____	_____ Checking
2. Name of bank, savings & loan or credit union	Percentage of net pay amount _____%
_____	_____ Savings
Routing and Transit number	Percentage of net pay amount _____%
_____	or fixed amount \$ _____
Account Number	

	Type of Account
_____	_____ Checking
3. Name of bank, savings & loan or credit union	Percentage of net pay amount _____%
_____	_____ Savings
Routing and Transit number	Percentage of net pay amount _____%
_____	or fixed amount \$ _____
Account Number	

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

EMPLOYEE NAME _____ EMPLOYEE SS# _____
(Please Print)

Date _____ Signature of Employee _____

Date _____ Signature of Employee _____

If Checking, Please attach a COPY of a check NOT a Deposit Slip