



81 Makawao Avenue, Suite 202, Makawao, HI 96768 Tel.: 808/572-6454; Fax: 808/572-1788

Direct Deposit Authorization-Employee

I/we authorize Professional Business Services, Inc. to credit my account with the depository named below. I authorize Professional Business Services, Inc. ("PBS") to initiate the necessary entries in the case of erroneous debits or credits to my account.

Employee:

Depository Bank:

Address:

City/State/Zip:

Transit/ABA Number:

Checking Account Number:

Savings Account Number:

This authorization will remain in effect until PBS has received written notification from me/us that it is to be terminated in such time and manner for PBS to act on it.

Signature: _____

Date: _____

IMPORTANT: Attach a VOIDED check for checking accounts OR a copy of your most recent Savings Account Statement which has your name on the account.