

Direct Debit (Deposit) Consent Form

Unified Services I, Inc.

PO Box 1400, Surprise, AZ 85378-1400

12701 West Elm Street

Surprise, Arizona 85374

(623) 583-0113

Fax (623) 583-4451

I give my consent to Unified Services I, Inc. to debit (directly deposit) my account for the indicated payroll basis, Weekly or Bi-Weekly , for payroll purposes. The date I would like direct debit (deposit) to proceed is for payroll-period ending _____.

Depository Bank Name _____	
Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Routing Number _____	
Account Number _____	

This authority is to remain in full force and effect until Unified Services I, Inc. has received written notification from me of its termination in such time and in such manner as to afford Unified Services I, Inc., and depository, a reasonable opportunity to act on such notification.

Employee Name _____	Social Security No. _____ - _____ - _____
Employee Signature _____	Date: _____

STAPLE VOIDED CHECK HERE