

Direct Debit (Deposit) Consent Form

Unified Services I, Inc.

PO Box 1400, Surprise, AZ 85378-1400
12701 West Elm Street
Surprise, Arizona 85378
(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 Savings Account

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