



For internal use only
Branch _____ EE # _____
Prenote sent _____
Confirmation _____

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize MJT ENTERPRISES, INC. dba Blue Ribbon Personnel Services, hereinafter called COMPANY, to initiate entries to my ( ) **Checking** or ( ) **Savings** (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY NAME:	BRANCH:	
CITY:	STATE:	ZIP:
ROUTING NUMBER:	ACCOUNT NUMBER:	

*For **CHECKING** DIRECT DEPOSITS attach a voided check from that account.  
For **SAVINGS** DIRECT DEPOSITS attach a deposit slip from that account.*

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
Please print clearly

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street City State & Zip

NOTE: All written authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.