

DIRECT DEPOSIT AUTHORIZATION

Please check one of the following: _____ NEW _____ CHANGE _____ TERMINATE

**IMPORTANT: FOR EACH ACCOUNT BELOW, PLEASE ATTACH A VOIDED CHECK.
ALLOW UP TO 10 BUSINESS DAYS FOR DEPOSIT TO BECOME EFFECTIVE.**

I hereby authorize About U Inc to initiate credit entries, and if necessary, debit entries to reverse erroneous credit entries to my account(s) below. **PRINT CLEARLY!**

Employee Name: _____

Social Security #: _____ - _____ - _____

Bank Name and Branch: _____

Bank Account #: _____ (Must be checking account)

Bank ABA/ Routing Number: _____

Employee Signature

Date

Please attach a copy of voided check for verification.