

LIFETIME ASSISTANCE INC. PAYROLL DEPOSIT AUTHORIZATION

PRINT NAME: Last _____

First _____

MI _____

SOCIAL SECURITY # _____

1.) BANK NAME _____

<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> Saving <input type="checkbox"/> Checking	AMOUNT <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100%	T/R# _____ ACCOUNT #: _____
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2.) BANK NAME _____

<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> Saving <input type="checkbox"/> Checking	AMOUNT <input type="checkbox"/> \$ _____	T/R# _____ ACCOUNT #: _____
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3.) BANK NAME _____

<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> Saving <input type="checkbox"/> Checking	AMOUNT <input type="checkbox"/> \$ _____	T/R# _____ ACCOUNT #: _____
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4.) BANK NAME _____

<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> Saving <input type="checkbox"/> Checking	AMOUNT <input type="checkbox"/> \$ _____	T/R# _____ ACCOUNT #: _____
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5.) BANK NAME _____

<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> Saving <input type="checkbox"/> Checking	AMOUNT <input type="checkbox"/> \$ _____	T/R# _____ ACCOUNT #: _____
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I HEREBY AUTHORIZE MY EMPLOYER, LIFETIME ASSISTANCE INC. (LAI) TO DEPOSIT MY NET PAY INTO MY ACCOUNT AT THE ABOVE BANK. LAI IS ALSO AUTHORIZED TO DRAW DRAFTS TO ADJUST ANY OVER DEPOSIT, WHICH MAY BE MADE TO MY ACCOUNT WITH RESPECT TO PAYROLL DIRECT DEPOSIT. IT IS THE EMPLOYEE'S FULL RESPONSIBILITY TO VERIFY WITH THE BANK ON THE FIRST DIRECT DEPOSIT THAT MONEY IS GOING INTO THE PROPER ACCOUNT. LAI WILL NOT BE HELD RESPONSIBLE FOR ANY SERVICE CHARGES THAT MAY INCUR IF THE ABOVE PROCEDURE IS NOT FOLLOWED.

SIGNATURE _____

DATE _____

PHONE NO. _____