

Action Type
<input type="checkbox"/> New
<input type="checkbox"/> Change
<input type="checkbox"/> Cancel

Anodes Solutions Employee Authorization Agreement For Automatic Payroll Deposits

Name (Please Print Last, First, MI)

Social Security Number

I hereby authorize LA Leasing d.b.a. Anodes Solutions to initiate and to make credit entries and debit entries and to make adjustments for any credit entries in error to my account at the indicated financial institution; and I hereby authorize the indicated financial institution to accept and post such entries to my account. The forgoing authorization is solely for the purpose of facilitating automatic payroll deposits. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization is effective until I cancel my direct deposit by delivering written notice of cancellation to Anodes Solutions with sufficient time to afford Anodes Solutions and the financial institution a reasonable opportunity to take this requested action. Anodes Solutions may terminate this authorization agreement at any time.

I hereby authorize Anodes Solutions to provide a copy of this authorization only as necessary for purposes of automatic payroll deduction.

Please choose one of the following:

*****Direct Deposit*****

Name of Bank _____ City/State/Zip _____

Bank Transit Number _____ Account Number _____

(Check One) Checking Account Savings

*****Skylight Card (Card Activation Fee - \$3.50)*****

Address _____ City/ State/ Zip _____

Home Phone Number _____ Date of Birth _____

Mother's Maiden Name _____ (For security purposes only)

Employee's Signature

Date

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**For Account Verification,
Attach Voided Check.**

Do Not Use Staples