



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

I hereby authorize any of the following Gallman Personnel Services, Inc., GPS of the Midlands, Inc. and GPS of SC, Inc., hereafter called GPS, to initiate credit entries and, if necessary, to initiate any actions to reverse or correct an erroneous credit entry to my: (select one)

checking account

savings account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of the U.S. Law and the date of such ACH transactions will follow GPS scheduled pay dates. I acknowledge that a pre-note (test transaction) will be initiated to the account(s) listed in the amount of \$.01 prior to full activation of direct deposit.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until GPS has received written notification from me of its termination in such time and in such manner as to afford GPS and DEPOSITORY a reasonable opportunity to act on it. I understand that GPS may at its discretion terminate this authorization due to an inactive work status. I further understand that in the event GPS is unable to make the transfer deadline for their banking facility, I will receive a regular check instead of payment through direct deposit.

Name: _____ Social Security No.: _____
please print

Date: _____ Signature: _____

Anticipated Start Date of GPS Employment: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

****Please allow 2 - 3 weeks for activation of direct deposit. A voided check (original or photocopy) or a statement from your bank is required for direct deposit to a checking account. A STATEMENT FROM YOUR BANK including bank name, routing and account number is REQUIRED for direct deposit to a savings account.**

Completed authorization form must be sent to Gallman Personnel Services, Attn.: Accounting either by fax, 803-760-1428, or mail, P.O. Box 211936, Columbia, SC 29221-6936.