

AUTHORIZATION FOR DIRECT DEPOSIT

Initial Form Change Form

Employee Name: _____ Social Security #: _____ Client Name: _____

I ELECT DIRECT DEPOSIT

I understand this may take one payroll cycle to commence

I hereby authorize FRONTLINE HRO and/or any of its affiliated entities, (hereafter collectively referred to as "FRONTLINE") to initiate credit entries and to initiate, if debit entries and adjustments for any incorrect entries to my account at the depository named below. I understand delays may occur in posting to my account. Such delays may be caused by events beyond the control of FRONTLINE, including but not limited to: delays in processing, Federal Reserve System, and/or banking changes (i.e. Routing numbers, etc.). This authority remains in full force until FRONTLINE receives written or electronic notification of any changes from me. I acknowledge that for administrative reasons FRONTLINE can elect to use this authority or to issue a paper check at FRONTLINE's sole discretion. FRONTLINE must be afforded reasonable time to process any changes.

Bank Name: _____ Checking Amount (if not full): _____
 Savings

Account Number: _____ ACH Routing Number: _____

Bank Name (Optional): _____ Checking Amount (if not full): _____
 Savings

Account Number: _____ ACH Routing Number: _____

Employee Signature: _____ Date: _____

A voided check or documentation from your financial Institution must be attached for your request to be processed.

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages. In addition, to the extent permitted by applicable law, I authorize my bank to accept deposits, from FRONTLINE, and make deposit adjustments when off cycle wage payments occur upon discharge. I acknowledge I have received a copy of the terms. This authorization shall remain current until I terminate my account with FRONTLINE, there upon, it will remain in effect until fourteen (14) day after my termination with FRONTLINE.

* First transaction is free after each pay day. This allows you to remove all available funds at no cost.

Employee Name: _____ Social Security #: _____ Birthdate: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____

Employee Signature: _____ Date: _____