

Required Authorization Agreement for Automatic Deposit (ACH Credits)
FAX NUMBER 419-254-2917 OR 419-254-2915

I hereby authorize The Renhill Group to provide my pay in the following form:
__ direct deposit (complete below info)

I hereby authorize Renhill to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

Financial Institution

Name: _____

*** Transit/ABA:** _____

Account Number: _____

Type of Account: **Checking** _____ **Savings** _____

Location of Financial Institution: _____

Phone Number of Financial Institution: _____

This authorization is to remain in full force until The Renhill Group has received written notification from me of its termination or if above authorization is inactive for 60 calendar days. A new Authorization Agreement must be completed to reinstate direct deposit.

Name: _____ **SSN #** _____

Date: _____ **Signature:** _____

*Nine digit number that appears on the bottom of a check or deposit slip.

PLEASE ATTACH A COPY OF A VOIDED CHECK FOR THE ACCOUNT LISTED ABOVE.

Signature

Date