



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Enhanced Field Services Inc. to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize Enhanced Field Services Inc. to make withdrawals from this/these account(s) in the event that a credit entry is made in error.

Further, I agree not to hold Enhanced Field Services Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Enhanced Field Services Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

Primary Account Information

Name of Financial Institution: _____

Routing Number: _____ % _____ or \$ _____

Account Number: _____ Checking Savings

Second Account Information

Name of Financial Institution: _____

Routing Number: _____ *(remainder of check will deposit into this account)*

Account Number: _____ Checking Savings

Signature

Authorized Signature *(Employee)*: _____ Date: _____

Authorized Signature *(Joint Signature)*: _____ Date: _____

**** Please attach a voided check or deposit slip(s) and return this form to the Payroll Department ****