

IOI
INTERLOGIC OUTSOURCING, INC.
AN EMPLOYER SERVICES COMPANY

Authorization Agreement for Automatic (ACH) Credits

Company Name Three Harbors Council, BSA **Div. #** BA636

DEPT# _____ **EMPLOYEE#** _____

Employee Name: _____

Address, Street: _____

City, State, Zip: _____

I hereby authorize INTERLOGIC OUTSOURCING, INC. (IOI) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the DEPOSITORY to credit and/or debit the same to such account.

Depository Name: _____

Address, Street: _____

City, State, Zip: _____

<input type="checkbox"/> Checking	Amount to deposit;
<input type="checkbox"/> Savings	If net due, write net: \$ <u>NA</u>
Transit/ABA Number: _____	
Account Number: _____	
Description:	<u>Payroll Check</u>

<input type="checkbox"/> Checking	Amount to deposit;
<input type="checkbox"/> Savings	If net due, write net: \$ _____
Transit/ABA Number: _____	
Account Number: _____	
Description:	<u>Payroll Check</u>

This authority is to remain in full force and effect until notified by me or Employer of termination or revocation.

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