

# GULF MANAGEMENT SYSTEMS, INC.

## DIRECT DEPOSIT OF PAYROLL

### Employee Authorization Agreement For Automatic Deposits

COMPANY: \_\_\_\_\_

COMPANY ID NUMBER: \_\_\_\_\_

The undersigned hereby authorizes Gulf Management Systems, Inc., and/or its authorized agents, to initiate credit/debit entries for payment of payroll, and if necessary, adjusting credit/debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to or from said account.

DEPOSITORY: \_\_\_\_\_

BRANCH: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CHECK ONE:      CHECKING       SAVINGS

**PLEASE INCLUDE A VOIDED/CANCELLED CHECK OR LETTER FROM THE BANK WITH  
PREPRINTED ROUTING AND ACCOUNT NUMBERS. HAND WRITTEN NUMBERS WILL NOT BE ACCEPTED**

This authorization is to remain in full force and effect until the undersigned has provided written authorization to Gulf Management Systems, Inc. for its termination at such time and in such manner as to afford its agents and Depository a reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds Gulf Management Systems, Inc. and its agents harmless from any damage, loss or claim resulting from Company's authorized actions hereunder.

NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CHECK ONE:      NEW PARTICIPANT       CHANGE