



Electronic Funds Transfer Authorization

I hereby authorize Little Knights to direct deposit my pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages to pay to total 100%.) I have attached a voided check or deposit slip for each account specified below. This authorization is to remain in force until Little Knights has received written authorization from me of its termination or change.

Also, I grant Little Knights the right to correct any Electronic Funds Transfer resulting from erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: (____) _____

Signature: _____ Date: _____

OFFICE USE: Effective Date _____

Account #1 Checking _____ Savings _____ **(Check Only One)**

Financial Institute: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (____) _____

Account Number: _____

Percentage to pay to be deposited into this account: _____ %

Company Use Only: Bank/ABA Number _____

Account #2 Checking _____ Savings _____ **(Check Only One)**

Financial Institute: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (____) _____

Account Number: _____

Percentage to pay to be deposited into this account: _____ %

Company Use Only: Bank/ABA Number _____