



AUTHORIZATION FOR DIRECT DEPOSIT

Accounting/Finance

Administrative/Clerical

IT/Project Management

HR/Sales & Marketing

I authorize Stephens Little Inc. to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking account or my savings account each pay period. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____ **Circle One:** New Change Cancel

Name: _____ SS #: _____

E-mail Address where you wish to receive your Notice of Deposit: _____

Financial Institution Name: _____

Routing Transit Number **(9 digit number)**: _____

Account Number (attach voided check, if available): _____

Type of Account: Checking Savings Other: _____

Fixed Amount: _____ **OR** Full Check Amount

I acknowledge that while Stephens Little Inc. will make every effort for the timely deposit of my pay check, there are events, out of their control, which may delay posting to my bank account(s).

SIGNATURE: _____

Please keep a copy of this authorization for your records.