

Check one: _____ New Enrollment _____ Cancel current and replace account

I hereby authorize The Lee Group to directly 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 of pay to total 100%.) I have attached a voided check for each account specified below. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. Also, I hereby grant The Lee Group the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. I understand that it is my responsibility to provide The Lee Group with accurate account information. If I do not provide documentation for my account and record information incorrectly on this form, processing delays will occur.

Name (PRINT): _____ Last 4 SSN: _____

Signature: _____ Date: _____

Account #1 (Check only one)

Checking (attach voided check or direct deposit form completed by your financial institution)

Savings (attach deposit slip and obtain ABA routing number from your bank)

Financial Institution Name: _____

Account Number: _____

ABA (Routing) Number: _____

Amount of pay to be deposited into this account:

\$ _____ or _____ %

Account #2 (Check only one)

Checking (attach voided check or direct deposit form completed by your financial institution)

Savings (attach deposit slip and obtain ABA routing number from your bank)

Financial Institution Name: _____

Account Number: _____

ABA (Routing) Number: _____

Amount of pay to be deposited into this account:

\$ _____ or _____ % or remainder _____