

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT



Employee Instructions:

1. Complete the Employee Required Information section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records and give the original to your employer.

Employer Instructions:

1. Complete the Employer Required Information section.
2. Fax this form and a void check or "spec" sheet to Baron Payroll at 631-925-5600

EMPLOYEE - Required Information
PRINT Employee Name
Social Security Number

EMPLOYER - Required Information
PRINT Company Name
Federal ID Number

-- DIRECT DEPOSIT --	
I would like my wages/salary directly deposited into the following account(s):	
Bank Account #1: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: _____	Bank Account #2: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: _____
I wish to deposit (check one):	I wish to deposit (check one):
<input type="checkbox"/> Entire Net Pay	<input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> _____ % of Net Pay	<input type="checkbox"/> _____ % of Net Pay
<input type="checkbox"/> Specific Dollar Amount of \$ _____ .00	<input type="checkbox"/> Specific Dollar Amount of \$ _____ .00
Please attach one of the following:	Please attach one of the following:
<input type="checkbox"/> Void check	<input type="checkbox"/> Void check
<input type="checkbox"/> Bank letter or specification sheet (see your local bank representative)	<input type="checkbox"/> Bank letter or specification sheet (see your local bank representative)

I hereby authorize my employer, _____, (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Baron Group LLC (hereinafter Baron Payroll) directly deposit my wages / salary earned from my employer, into my bank account. I understand that deposit of my earnings into my bank account by Baron Payroll may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Baron Payroll from my employer's bank. If, within 30 days of Baron Payroll making a deposit into my account, my employer does not make available to Baron Payroll the funds that were advanced to make the deposit into my account, I authorize Baron Payroll to charge my account to recover said advance. I agree to hold Baron Payroll harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in New York, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: _____
rev. 10/2004

Date: _____