



Agreement for Employee Direct Deposit

I (we) hereby authorize and release Library Associates Companies, hereinafter called COMPANYY, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by COMPANYY to such account and to credit the same to such account without responsibility for the correctness thereof.

I (we) also authorize and request COMPANYY to effect repayment to COMPANYY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the initiation of the correcting entry COMPANYY has sent or delivered to me written notice of the correction and the reason therefore and, the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANYY or BANK. Any such notification to COMPANYY shall be effective only with respect to entries initiated by COMPANYY after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

I (we) recognize, acknowledge and accept that this service is being provided for my (our) convenience. As such I (we) agree to hold COMPANYY, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by COMPANYY and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee and Bank Information:

Employee Name: _____ Employee Number: _____

Name of Bank: _____

Routing # of Bank: _____ Your Account #: _____

Account Type (SELECT ONE): Checking: (If you do not use checks, YOU MUST PROVIDE written confirmation from your bank verifying your Routing and Account Numbers)

Savings: (YOU MUST PROVIDE written confirmation from your bank verifying your Routing and Account Numbers)

Requested Action (SELECT ONE): Deposit Entire Net Pay Amount CANCEL Direct Deposit

EMPLOYEE SIGNATURE

____/____/____
DATE

*** * * ATTACH A VOIDED CHECK* TO THIS FORM * * ***

*If you do not use checks, YOU MUST PROVIDE written confirmation from your bank verifying your Routing and Account Numbers