

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH CREDITS)**

Company Name: **THE WELLS GROUP, LLC**

I hereby authorize **THE WELLS GROUP, LLC**, hereinafter called the COMPANY, to initiate **credit** entries to my ___ checking or ___ savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.

ACCOUNT INFORMATION FOR CREDIT ENTRY

*Account Name _____
(*This should be the employee name, employee has to be listed on bank account or deposit will be returned)

Depository (Bank) Name _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

(Please attached a voided check or pre-printed form from bank)

This authorization is to remain in full force and effect until **THE WELLS GROUP, LLC** has received written notification from me of it termination in such time and in such manner as to afford **THE WELLS GROUP, LLC** and DEPOSITORY a reasonable opportunity to act on it.

Accountholder's Name _____
(This can be joint account, but employee must be listed on account)

Authorized Signature _____
(This needs to be signed by the employee and employee must be listed on account)

Date _____