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Through
DAMIAN SERVICES CORPORATION
PAYROLL DIRECT DEPOSIT

I, _____ (print name), authorize DAMIAN SERVICES CORPORATION. to deposit my weekly net pay directly into my bank account, described as follows:

Name on Account: _____

Bank Name: _____

Bank Routing / ABA Number: _____

Account Number: _____

Type of Account: Savings _____ Checking _____ (check one only)

I have attached a voided check # _____ to support above information for my checking account deposits. Savings accounts require information directly from financial institution for direct deposit transactions.

I understand this authorization will remain in effect until DAMIAN SERVICES CORPORATION. terminates the deposit program or until I change my authorization in writing.

Signature

Print Name

Date