

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**  
**(ACH DEBITS)**  
**DIRECT DEPOSIT FORM**

**Company Name: RI Temps, Inc.**

**Company ID: 05-0384701**

**Employee Name:** \_\_\_\_\_

**Last 4 digits of SS#:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Secondary Signature:** \_\_\_\_\_

This authorization is to remain in full force and effect until RI Temps, Inc. has received written notice from me (or either of us) of its termination in such time and such manner as to afford RI Temps, Inc. and the bank a reasonable opportunity to act on it.

NOTE: All written debit authorizations must provide that the receiver must revoke the authorization only by notifying the originator in writing, provide a name and address. The receiver must be given a copy of the written debit authorizations.