



RUSH

Personnel Services, Inc.

Corporate Office
15 Independence Circle
Chico, CA 95973
www.rush-personnel.com

530 / 893-5500
530 / 893-0648 Fax
800 / 954-7874
E-mail: pay@rush-personnel.com

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH Credits)

I authorize RUSH PERSONNEL SERVICES, INC. to initiate ACH Credit entries ("Credit Entries") to my deposit account ("Account") at my Financial Institution named below. This authorization is for the deposit of recurring payments you owe me directly into my Account. **IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY YOU, THE ORIGINATING COMPANY, IN WRITING.** So long as this authorization has not been terminated or revoked, any Credit Entry originated by you under this authorization shall be conclusively presumed to be properly authorized for debit to my Account.

I understand that if my Account is closed, my Financial Institution cannot accept any Credit Entry and the entry will be refused. If this occurs you will not be able to reprocess the Credit Entry without further written authorization from me.

I authorize my Financial Institution to accept these Credit Entries to my Account upon receipt and without advice to me.

My Financial Institution Name: _____

Street Address or Branch: _____

City, State and Zip: _____

My Deposit Account Number: _____ Checking [] SAVINGS []

My Deposit Routing Number: _____

Name(s) on the Account: _____

My Social Security Number: _____

Authorized Credit Entries: You are authorized to originate Credit Entries to my Account on designated paydays (or the business day preceding that day if that day is not a business day.) The amount of these recurring payments may vary. Please send all notices and advices to the address shown below my signature.

I also authorize adjustment entries in the event of erroneous transactions to my account.

I hereby certify that I am an owner and authorized signer of the Account. I acknowledge receiving a copy of this authorization. You may supply a copy of this Authorization Agreement to my Financial Institution or to your bank upon request.

Date: _____

_____ Name

_____ Signature

Address: _____

PLEASE ATTACH A VOIDED CHECK OR A PRINTED FORM WITH THE ACCOUNT NUMBER AND ROUTING NUMBER -- (No Deposit Tickets Please)

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650 Market St. Colusa, CA 95932
4075 Railroad Ave. Suite A Redding, CA 96001

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530 / 458-2280
530 / 222-2033

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