



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Attach a voided check or a check copy for each account)

EMPLOYEE NAME: (Please Print) _____

I hereby authorize Argent Technologies, LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in en-or to my account or accounts listed below.

1) Bank/Credit Union Name and Address: _____

Account Number: _____

Routing Number (contact your bank for this number): _____

Account Type: ☐ Checking ☐ Savings

Amount of Deposit \$ _____ or "ALL of check"

2) Bank/Credit Union Name and Address: _____

Account Number: _____

Routing Number (contact your bank for this number): _____

Account Type: ☐ Checking ☐ Savings

Amount of Deposit \$ _____

This authorization agreement is to remain in effect until Argent Technologies, LLC has received written notification from me on its termination in such time and in such manner as to afford Argent Technologies, LLC a reasonable opportunity to act on it.

I hereby authorize Argent Technologies, LLC to initiate deposits (credits) of my net pay and/or corrections to the previous credits to my checking or savings account at the financial institution(s) named above. I understand that I am solely responsible for the accuracy of the information I have submitted on this form. It is my responsibility to notify Argent Technologies, LLC of any changes or corrections to my bank account information. In the event of a network electronic failure, I may receive a physical paycheck.

I agree to hold harmless the above-named financial institution(s) for any erroneous deposits or adjustments not caused by the financial institution.

Signature: _____

Date: _____

Submit to: Pamela Patton at pfp@argenttech.net