



Authorization Agreement for Automatic Payroll Deposit

I hereby authorize UNITED TALENT LLC to initiate credit entries to my account identified below in the bank named below and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my employment with UNITED TALENT LLC.

Account#: _____ Bank Routing#: _____

Type of Account: Checking Savings

Bank Name: (print) _____

Bank City: _____ Bank State: _____

[XXX] This is for 100% Total Pay deposit

Name: (print) _____

Social Security Number: _____

Signature: _____ Date: _____

Note:

For CHECKING accounts: Attached a voided check or copy

For SAVINGS accounts: ****CAUTION**** savings deposit slips may have invalid routing numbers. You **MUST** call bank to verify correct routing and account numbers.

If you would like to sign up for direct deposit please fax, email or drop off this complete form along with a copy of a voided check or correct savings information.

Fax: (304) 556-1198

Email: payroll@utalent.com

Direct deposits may take two or three weeks to become active depending on when the information is received by the payroll department. Please call **(304) 556-1184** with any questions.