



Authorization Agreement for Direct Deposit (ACH Credits)

THIS FORM IS TO BE COMPLETED BY PARTICIPANT					
PARTICIPANT NAME	GROUP NUMBER	PARTICIPANT'S ID NUMBER	NAME OF EMPLOYER		
PARTICIPANT'S STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER	DATE SUBMITTED

I (we) hereby authorize Prodegi, hereinafter called COMPANY, to initiate credit entries to my Checking/Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

BANK ACCOUNT INFORMATION			
DEPOSITORY NAME	ROUTING NUMBER	ACCOUNT NUMBER	
BRANCH LOCATION	CITY	STATE	ZIP CODE

Check One: Checking Account

Check One: Savings Account

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee signature

Date

**Please attach a “voided” check for checking accounts
OR
Deposit slip for savings accounts.**

Prodegi

PO Box 98

Worland, Wyoming 82401

Phone: 307-426-5500/800-246-4622

Fax: 307-347-6227