



# FIRST FINANCIAL

EMPLOYEE LEASING, INC.

Direct Debit  
Authorization

| Employer Information                      |  |
|---|--|
| Client Number:                            |  |
| Client Name:                              |  |
| d/b/a Name:                               |  |
| Phone Number: (            )            - |  |

| Bank Information |         |
|------------------|---------|
| Bank Name:       |         |
| Routing Number:  |         |
| Account Number:  |         |
| Checking         | Savings |

| Employer Authorization  |            |
|---|------------|
| <p>I hereby authorize First Financial Employee Leasing, Inc. to initiate debit entries from the bank account listed above for services rendered. I am aware that this authority will remain in full effect until First Financial Employee Leasing, Inc. receives thirty (30) days prior written notification from me regarding change or termination. I also understand that the funds will be debited from my account on the check date of my payroll, including all interim payrolls.</p> |            |
| Authorized Signature _____  | Date _____ |
| Title _____   |            |
| <p>By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize First Financial Employee Leasing, Inc. to make debit entries from the above account.</p>  |            |

| ATTACH VOIDED CHECK HERE |  |
|--------------------------|--|
|                          |  |

| FFEL USE ONLY |               |
|---------------|---------------|
| Received by:  | Processed by: |
| Date:         | Date:         |