



<b>EMPLOYEE DIRECT DEPOSIT AUTHORIZATION</b>	
<b>Employee Instructions:</b>	<p>-Fill out and sign this form to request automatic deposit of paychecks            -Then return to the Focus Counseling Office at            2901 International Lane, Suite 100, Madison, WI 53704,            prior to starting your employment.</p> <p>-Attach a voided check or letter from you bank confirming account information</p> <p>Note: There is a seven (7) day waiting period for paychecks to be direct deposited to new accounts. Please return your form promptly to make changes.</p>
This document will be retained on file by Focus Counseling, Inc.	
Name of Employee/Authorizer:	
Account 1:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Bank:	
Bank routing number (ABA Number)	
Account Number:	
Percentage or Dollar amount to be deposited to this account:	
Account 2:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Bank:	
Bank routing number (ABA Number)	
Account Number:	
Portion of each paycheck that is not deposited to Account 1 will be deposited to this account.	
<b>Authorization</b>	
<p>My signature below, authorizes Focus Counseling, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Laws. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.</p>	
Authorized Account Holder Signature	Date form completed