

IHC Support Services LLC

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers. Paystubs will be emailed, no paper stubs will be provided.

Account 1

Account Type: Checking Savings

Bank Name: _____

Bank routing number: _____ Account number: _____

Percentage of dollar amount to be deposited to this account _____

Account 2 (remainder to be deposited to this account)

Account Type: Checking Savings

Bank Name: _____

Bank routing number: _____ Account number : _____

(Attach a voided check for each account here)

Authorization

This authorizes IHC Support Services 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 account 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. Law. 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.

Authorized signature: _____

Print name: _____ Date: _____

Email address: _____

(Paystubs will be emailed to the above email address)

Please return to: IHC Support Services, 2697 Nevers Dam Rd, St. Croix Falls, WI 54024