



Authorization Agreement for Direct Deposit Employer: Spotlight Payroll, Inc.

I HEREBY AUTHORIZE Spotlight Payroll, Inc., to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error, each pay period to my (check one):

Checking account [] Savings account []

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I HEREBY AUTHORIZE Spotlight Payroll, Inc. to send my check advice by email.

Depository/Financial Institution Name: _____

Account Name (as it appears on your account): _____

Financial Institution Routing Number: _____

- Please **re-enter** Routing Number: _____

Financial Institution Account Number: _____

- Please **re-enter** Account Number: _____

This authority is to remain in full force and effect until Spotlight Payroll, Inc. has received written notification from me of its termination in such time and in such manner as to afford Spotlight Payroll, Inc. a reasonable opportunity to act on it.

Name (print): _____

Department/Position: _____

Enter Last 4 Digits of SSN: _____

Email: _____ Contact Phone #: _____

Date: _____

If a valid email address is not provided payments will be made via paper check until email address is confirmed.

Signature: _____

For questions please contact:

John Kramer at 312-252-5814 or via email at john@spotlight.net

Spotlight Payroll, Inc.

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