LIFE, INC. – ACCOUNTING DEPARTMENT

DIRECT DEPOSIT
ENROLLMENT AUTHORIZATION

This authorization remains in effect until LIFE, Inc. receives written notification from the employee of its termination, or until LIFE, Inc. deems it necessary to terminate the agreement.

SECTION A: Type of Enrollment Action *(To be completed by employee)*

☐ **NEW**	NAME (First	Middle	Last)
☐ **CHANGE**	Employee #	SOCIAL SECURITY NUMBER	
☐ **CANCEL**			

SECTION B: (*To be completed by employee if **NEW** or **CHANGE** box in Section A is checked*)
TYPE OF ACCOUNT - MUST BE CHECKED. IF BLANK, WILL BE PROCESSED AS CHECKING (Up to 3 accounts may be designated)

ACCOUNT 1
TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS   FINANCIAL INSTITUTION: _____

ROUTING NUMBER: ACCOUNT NUMBER (Leave unused boxes blank)

DEPOSIT DESIGNATION: $_____ OR _____%

ACCOUNT 2
TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS   FINANCIAL INSTITUTION: _____

ROUTING NUMBER: ACCOUNT NUMBER (Leave unused boxes blank)

DEPOSIT DESIGNATION: $_____ OR _____%

ACCOUNT 3
TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS   FINANCIAL INSTITUTION: _____

ROUTING NUMBER: ACCOUNT NUMBER (Leave unused boxes blank)

DEPOSIT DESIGNATION: $_____ OR _____%

SECTION C: (*To be completed by employee if **NEW** or **CHANGE** box in Section A is checked*)

I hereby authorize LIFE, Inc. to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding of deductions therefrom, in the above designated account.

If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize LIFE, Inc. to either:

    a) Withhold a sum equal to the overpayment from future salary or wages; or
    b) Recover such overpayment from the above designated account.

If LIFE, Inc. is obligated to withhold any part of my salary or wage payment for any reason, or if I no longer meet eligibility requirements of this Direct Deposit program, I understand that LIFE, Inc. may terminate my enrollment in the program. If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the Company assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to the Company by the financial institution.

Signature	Date

SECTION D: (*To be completed by employee if **CANCEL** box in Section A is checked*)

I hereby cancel my Direct Deposit authorization.	Signature	Date