Authorization for Direct Deposit

This authorized Encore Technical Staffing, LLC (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 below and to other accounts I (we) identify in the future (the "Account"). This authorized the financial institution hold the Account to post all such entries.

Account #1: Account #1 Type (e.g. Checking, Savings....) _____

Bank Name: _____ Branch: _____

City: _____ State/Zip: _____

Bank Routing # (ABA#): _____

Account #: _____

Account #2: Account #1 Type (e.g. Checking, Savings....) _____

Bank Name: _____ Branch: _____

City: _____ State/Zip: _____

Bank Routing # (ABA#): _____

Account #: _____

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.

_____	_____	_____
Signature	Printed Name	Date

We **can not** accept faxed copies of this document. Please mail an original with original signature and a voided check to Encore Technical, Attn: Payroll, PO Box 219, Coquille OR 97423

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