

ADAM JACOBS ASSOCIATES INC.
Technology Services, Staffing Division

One Penn Plaza, Suite 1929
New York, NY 10119
212.268.8080

120 Howard Street, Suite 420
San Francisco, CA 94105
415.315.0150

www.adam-jacobs.com

Through
DAMIAN SERVICES CORPORATION
PAYROLL DIRECT DEPOSIT

I, _____ (print name), authorize DAMIAN SERVICES CORPORATION. to deposit my weekly net pay directly into my bank account, described as follows:

Name on Account: _____

Bank Name: _____

Bank Routing / ABA Number: _____

Account Number: _____

Type of Account: Savings _____ Checking _____ (check one only)

I have attached a voided check # _____ to support above information for my checking account deposits. Savings accounts require information directly from financial institution for direct deposit transactions.

I understand this authorization will remain in effect until DAMIAN SERVICES CORPORATION. terminates the deposit program or until I change my authorization in writing.

Signature

Print Name

Date