



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

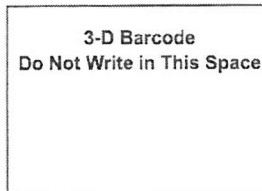
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Agreement of Temporary Worker Assigned by Guidant Group to Work at Pitney Bowes Work Sites

I have been assigned by Guidant Group, Inc. ("Guidant Group"), through its temporary workforce management program ("TWM program"), to perform services for Pitney Bowes¹ on a temporary basis. I am an employee or representative of an agency providing temporary staffing ("Staffing Company Employer"). I acknowledge that I am not an employee of Pitney Bowes, and **I understand and agree that the terms and provisions of my assignment by Guidant Group with Pitney Bowes do not (i) create a contract of employment or other employment relationship with Pitney Bowes, or (ii) render me eligible for any employee benefits or programs sponsored by Pitney Bowes. I specifically acknowledge that I am not eligible for participation in any employee welfare or benefit plan or program sponsored by Pitney Bowes.**

I have been provided a copy of, read and understand Pitney Bowes' Code of Conduct for Non-Employees (the "Policies"). While performing services for Pitney Bowes, I agree to comply with the letter and the spirit of the Policies. I understand that the latest versions of such Pitney Bowes policies will be available to me through my Staffing Company Employer or Guidant Group. I also agree to comply with any Pitney Bowes site or business unit specific policies or procedures and any other specific policies or procedures provided to me by Guidant Group, my Staffing Company Employer, or Pitney Bowes. If I do not have access to any policy applicable to me, I will contact my Staffing Company Employer or Guidant Group to obtain access. I understand that, from time to time, policies are revised, new policies are added and/or other policies are deleted. I acknowledge and agree that I am responsible for keeping apprised of any revisions, additions and deletions by reviewing the latest versions of the policies periodically and when special issues arise. I agree that I will undergo any compliance training required as terms of my assignment with Pitney Bowes through the TWM program.

I understand that, while on assignment to perform services for Pitney Bowes, although I have the same reporting requirements that Pitney Bowes' employees have pursuant to Pitney Bowes' policies, the same reporting procedures may not always apply time. Specifically, if I have any questions, concerns, complaints, or issues to report, I will contact my Staffing Company Employer or Guidant Group to determine how to proceed. However, if I believe there is a crisis situation, emergency or a situation involving an immediate threat to the safety, security or well being of person(s) or property, I will follow Pitney Bowes' reporting procedures *and* I will report the issue to my Staffing Company Employer or Guidant Group as well.

All materials and all intellectual property (including, but not limited to, patents, trade secrets, trademarks, copyrights, mask works, inventions, improvements, ideas, discoveries, software, and other works of authorship, data and know-how), whether or not patentable or otherwise protectable, which are conceived, created, or made by me for Pitney Bowes, either alone or with others ("Work Product"), shall be promptly disclosed to Pitney Bowes and shall be and remain the property of Pitney Bowes. Pitney Bowes, in its sole discretion, may make changes of any nature whatsoever to such materials and/or intellectual property. At Pitney Bowes' request and expense, I shall execute all documents and perform all acts deemed by Pitney Bowes necessary or appropriate to assign to Pitney Bowes and to perfect Pitney Bowes' title in such materials and intellectual property, or which may be requested by Pitney Bowes to apply for, obtain, own, maintain, and enforce any United States or foreign right in any such intellectual property. To the fullest extent permitted by law, all such materials and intellectual property that are subject to copyright protection shall be deemed works made for hire. I hereby convey to Pitney Bowes a non-exclusive, perpetual, irrevocable, worldwide, royalty-free right and license (with right to sublicense) to utilize any other intellectual property which is incorporated in or used in connection with such materials and/or intellectual property, and which is owned or controlled by me.

I acknowledge and agree that I shall not, during the time of rendering Services to Pitney Bowes or thereafter, disclose to anyone other than authorized employees of Pitney Bowes (or persons designated by such duly authorized employees of Pitney Bowes) or use for the benefit of myself, my Staffing Company Employer, Guidant Group or for any entity other than Pitney Bowes, any information of a confidential nature, including, but not limited to, information written and oral, tangible and intangible, relating to: any Work Product or intellectual property; any of Pitney Bowes projects or programs;

¹ The term "Pitney Bowes" as used in this document refers to Pitney Bowes Inc. and all of its subsidiaries and affiliates. Nothing herein shall be construed to suggest that workers assigned to work at a particular subsidiary or affiliate of Pitney Bowes are actually employees of that affiliate or subsidiary of Pitney Bowes, or any other subsidiary or affiliate of Pitney Bowes.

the technical, commercial or any other affairs of Pitney Bowes; Pitney Bowes market research data; Pitney Bowes customer lists, prospect lists and pricing data; information pertaining to current products and new product lines contemplated by Pitney Bowes; Pitney Bowes marketing plans; or any confidential information which Pitney Bowes has received from a third party (collectively, "Confidential Information"). To the extent that disclosure of Confidential Information is necessary to perform duties under this assignment, such disclosure shall be made only to persons within Pitney Bowes who have a need to know and who are authorized to receive such information. All files, records, documents and similar items relating to the business of Pitney Bowes, or concerning any Confidential Information, shall remain the exclusive property of Pitney Bowes. Upon termination or expiration of this assignment, for whatever reason, I acknowledge and agree to deliver promptly to Pitney Bowes all such Work Product and intellectual property. The provisions of this paragraph shall survive termination of this assignment as necessary to effect their purpose.

I further acknowledge that the above two paragraphs, dealing with Work Product and with nondisclosure shall apply equally to any Work Product created by me while assigned to work at a Pitney Bowes' customer site and to any confidential information I learn from or about a Pitney Bowes' customer.

I hereby certify that I do not have any conflicts of interest with Pitney Bowes. I understand and agree that if I develop an actual, potential or the appearance of a conflict of interests at any time during my assignment to Pitney Bowes, I will notify my Staffing Company Employer or Guidant Group immediately so that the issue can be addressed.

I understand that Guidant Group may, on its own or at Pitney Bowes's direction, end my assignment at Pitney Bowes through the TWM Program at any time for any reason including, not by way of limitation, for any violation of the letter or spirit of the provisions of the Pitney Bowes Code or any provision of this Agreement.

I have had the opportunity to ask questions about all terms, conditions and obligations set forth in this Agreement, and I hereby agree to comply with and abide by them.

Signature of Temporary Worker

Date

2

BACK SAFETY



- Bend hips and knees, never your waist
- Always turn and face the object you wish to lift
- Avoid carrying unbalanced loads; hold close to your body
- Never carry anything heavier than you can manage
- Avoid twisting and any sudden movements
- Keep head in line with the spine

HEALTH AND SAFETY TEAMS

- Are the advisory body to the General Manager.
- Make recommendations to Health & Safety Coordinators and GM concerning actions required to ensure a safe and healthful work place.
- Promote Plant Safety through orderly discussions of plant safety problems at meetings and bring the message of working safety to fellow temporary workers and employees.
- Meetings held monthly, minutes posted.
- Know your Health & Safety team member and work with them on health and safety issues that concern you.

TRAINING

- All new temporary workers will be thoroughly instructed by the Supervisor or Lead in the proper and safe method of performing their assigned duties.
- Temporary workers performance will be monitored periodically to ensure complete understanding and compliance with all instructions.
- All training will be done upon hire and routinely thereafter.

I have had the opportunity to ask questions about all terms, conditions and obligations set forth in this Temporary Worker Safety Orientation, and I hereby agree to comply with and abide by them.

Signature of Temporary Worker

Date

Printed Name of Temporary Worker

Name of Person Hired: _____ Start Date: _____

Employment Verification 7 years

Employment verification of all employment during the previous seven years.

Company Name: _____ **Name of Reference:** _____

Start Date: _____ End Date: _____

Job Title(s): _____

Reason for leaving: _____ Eligible for rehire? ___ Y ___ N

Comment on candidate: Strengths, areas of improvement, work ethic, attendance/on time for work, etc.

Company Name: _____ **Name of Reference:** _____

Start Date: _____ End Date: _____

Job Title(s): _____

Reason for leaving: _____ Eligible for rehire? ___ Y ___ N

Comment on candidate: Strengths, areas of improvement, work ethic, attendance/on time for work, etc.

Company Name: _____ **Name of Reference:** _____

Start Date: _____ End Date: _____

Job Title(s): _____

Reason for leaving: _____ Eligible for rehire? ___ Y ___ N

Comment on candidate: Strengths, areas of improvement, work ethic, attendance/on time for work, etc.

Name of Person Hired: _____ Page 2

Company Name: _____ **Name of Reference:** _____

Start Date: _____ End Date: _____

Job Title(s): _____

Reason for leaving: _____ Eligible for rehire? ___ Y ___ N

Comment on candidate: Strengths, areas of improvement, work ethic, attendance/on time for work, etc.

Company Name: _____ **Name of Reference:** _____

Start Date: _____ End Date: _____

Job Title(s): _____

Reason for leaving: _____ Eligible for rehire? ___ Y ___ N

Comment on candidate: Strengths, areas of improvement, work ethic, attendance/on time for work, etc.

Company Name: _____ **Name of Reference:** _____

Start Date: _____ End Date: _____

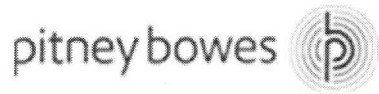
Job Title(s): _____

Reason for leaving: _____ Eligible for rehire? ___ Y ___ N

Comment on candidate: Strengths, areas of improvement, work ethic, attendance/on time for work, etc.

Verified by: _____

Date: _____



STATEMENT OF UNDERSTANDING

I acknowledge that I have received the **Pitney Bowes Presort Services Operating Center Dress and Access Policy** and that it has been reviewed with me. I understand that it is my responsibility to speak to my supervisor should I have any further questions or if I require further clarification in the future regarding this Policy. I further understand that the consequences for failing or refusing to comply with this Policy may result in corrective action up to including termination of my employment.

I understand that Pitney Bowes Presort Services reserves the right to change this Policy at any time.

AGENCY NAME: _____

NAME: _____

(PLEASE PRINT)

Employee ID: _____ **PBPB Operating Center:** _____

SIGNATURE: _____

DATE: _____

6

Acknowledgement

Your obligation to protect Confidential Information and follow company security procedures is covered in the employee handbook, which you signed. (If you want to review it again, ask your HR generalist.)

You acknowledge these responsibilities and your continuing obligation to follow the confidentiality and security procedures and policies.

You certify that you have reviewed the information in this training and understand your responsibilities.

_____ (signature)

Printed Name: _____

Employee ID# _____ OR Name of Temp Agency _____

Date: _____

PBPS Operations Center _____



BACKGROUND AUTHORIZATION FORM

PERSONAL INFORMATION

Name: _____ SSN: _____

Phone Number: _____

Home Address: _____
Street Address City State Zip Code County

How long have you lived at your current address? _____

Previous Address: _____ How Long? _____
Street Address City State Zip Code County

**Date of Birth: ____/____/____ Driver's License Number: _____

or ID Number: _____ State: _____ Expiration Date: _____

Have you ever been convicted of a Felony? _____ or Misdemeanor? _____ or pending charges: _____

Within the last ten years? _____ If yes, provide explanation: _____

Year: _____ County, State: _____ Offense: _____

**This information is required in order to conduct an accurate criminal background search and will not be used as criteria in the hiring process.

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences, as well as claims involving me in the files of insurance companies.

I also am willing to submit to pre-employment and random drug or substance abuse testing, and understand that a positive result on such testing will constitute grounds for immediate dismissal.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, and employment history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606, to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of the above mentioned information.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release TCA Consulting Group, Inc. and any other person and/or agencies from any damage and/or liable acts that may result from obtaining the above information.

The above information is used solely for employment verifications, credit inquiries, and criminal history checks.

I acknowledge and agree that any misrepresentation and/or failure to disclose requested information concerning criminal history may result in immediate assignment termination and/or disqualification from direct employment by Customer.

Applicant Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2013</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

9

SEXUAL HARASSMENT IS ILLEGAL

And is prohibited by the Connecticut Discriminatory Employment Practices Act (Section 46a-60(A)(8) Of the Connecticut General Statutes) and Title VII Of the Civil Rights Act of 1964 (42 United States Code Section 2000e Et. Seq.)

Anti-Sexual Harassment Guidelines

It is the Company's intent to provide a working environment, for all employees, which is free from sexual harassment.

Sexual harassment is a form of illegal sex discrimination that the Company will not tolerate. Sexual harassment does not refer to occasional complaints of a socially acceptable nature. It refers to behavior that is unwelcome, personally offensive, and which interferes with our work effectiveness. The regulations of the Equal Employment Opportunity Commission defines unlawful sexual harassment as follows:

Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature, whether by a male or female, constitute sexual harassment when (1) submissions to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Examples of the conduct referred to in (3), if unwelcome, may include (but are not limited to), sexual bantering, off-color language or jokes, sexual flirtations, advances or propositions, sexually degrading words used to describe individuals, displays of sexually suggestive objects or pictures, and using sexually-oriented or degrading gestures or other non-verbal communications.

The Company will not condone, permit nor tolerate sexual harassment of employees in any matter whatsoever. Persons who engage in such harassment will be subject to appropriate discipline up to and including termination of his/her employment.

Employees who believe they have been subject to sexual harassment should immediately bring it to the attention of their supervisor or John Cassandra. Similarly, if you have any question as to whether certain conduct is unlawful discrimination or harassment, you are encouraged to speak with either of the individuals mentioned above. This is particularly true when it comes to sexual harassment, where what is offensive to one person may often not be offensive to another. Consequently, it is important that you let your feelings be known.

Supervisors who receive complaints about sexual harassment or who are made aware of conduct constituting sexual harassment are immediately required to notify John Cassandra.

All complaints will be investigated promptly, and the existence and nature of your complaint will be disclosed only to the extent necessary to make a prompt and thorough investigation or as may be necessary to take appropriate corrective measures. In all cases, the person who initiated this procedure will be informed of the findings and disposition of the matter at the conclusion of the investigation. Further, management will ensure that there is no coercion, retaliation, intimidation, or harassment direct against any employee who registers a complaint or serves as a witness on behalf of another employee.

The prohibitions against unlawful discrimination and harassment also may apply to non-employees with whom our employees come into contact in connection with their employment with us. Consequently, if you feel discriminated against or harassed (sexually or otherwise) by a non-employee in connection with your employment, you should use the procedure outlined above.

Initials _____



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize my employer, TCA CONSULTING GROUP, Inc. and its payroll processor, E-Chx, Inc., to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated below. Further, I authorize my Bank to accept and to credit any credit entries indicated by TCA or E-chx to my account. In the event that TCA or E-chx deposits funds erroneously into my account, I authorize TCA or E-chx to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name: _____

Social Security Number: _____

_____ Begin Deposit

_____ Change Information

_____ Cancel Deposit

Bank Name: _____

City: _____ State: _____

_____ Checking – I wish to deposit _____ % Net Pay _____ Entire Check

Account Number: _____ *Include a copy of voided check*

Routing Number: _____

_____ Savings – I wish to deposit _____ % Net Pay _____ Entire Check

Account Number: _____ *Include deposit letter or specifications sheet*

Routing Number: _____

This authorization is to remain in full force and effect until TCA and my Bank have received written notice from me of its termination in such manner as to afford TCA and Bank a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____