AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (Credits)

NOTE: PLEASE ALLOW 10 DAYS IN ORDER FOR CHANGES TO YOUR DIRECT DEPOSIT INFORMATION TO TAKE EFFECT

I (we) hereby authorize P&L Enterprises, LLC, Company Tax ID Number (58-2479960), to initiate credit entries (and either debit or credit entries which are necessary for corrections), to my (our) checking and/or savings account(s) indicated below.

Please list all accounts each time you make a change as this form will replace all previous forms.

Change to be made effective on: _____ Company: P&L Enterprises, LLC

DEPOSITORY (BANK NAME/BRANCH)	**BANK TRANSIT/ABA NUMBER**	**ACCOUNT NUMBER**	**Type:** Checking Savings Credit Union	**Deposit Amount by % or flat $**

This authority is to remain in full force and effect until P&L Enterprises, LLC has received **written** notification from me (or either of us) of this termination in such time and in such manner as to afford P&L Enterprises, LLC a reasonable opportunity to act on it **(minimum of 10 days)**.

(Note: For your Direct Deposit to work properly)

A "pre-note" is created using the information on this form. The pre-note process involves our banks verifying the information you have submitted on this form.

Payrolls from your company must be submitted to P&L Enterprises, LLC 3 days prior to the direct deposit date or there will be a delay of your money reaching your bank.

Different banks post direct deposited funds into accounts at different times during the day, morning, afternoon, and sometimes evenings.

If your financial situation is such that you must know the exact time of day you will have your money deposited, this benefit may not be for you at this time.

PLEASE ATTACH A COPY OF A VOIDED CHECK(s) DIRECT DEPOSIT SLIPS ARE NOT ACCEPTABLE

By signing this form you agree that the information contained in this document is correct.
Please sign and date this form before sending to P&L Enterprises.

_____
Print Name

_____ _____
Date Signature

_____
Date Signature (For accounts requiring 2 signatures)