EMPLOYEE'S AUTHORIZATION – Please complete and return to Implicit Designs Administrative staff

I authorize Implicit Designs, Inc. and the financial institution listed below to initiate electronic credit entries each payday, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account ☐ Savings Account

This authority will remain in effect until I have canceled it in writing.

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

SIGNATURE

CITY STATE ZIP

DATE

(Either provide these numbers or attach a voided check)

TRANSIT ROUTING NUMBER

ABA

ACCOUNT NUMBER INFORMATION

- **← STAPLE VOIDED CHECK TO THIS FORM HERE**