DIRECT DEPOSIT SIGN-UP FORM
(ACH CREDITS)

I hereby authorize Cruise & Associates, Inc., (the Company) to deposit on behalf of my employer _____ (enter employer's name) any amounts owed me by initiating credit entries to my/our account indicated below and the financial institution named below, to credit the same to such account. I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of U.S. Law.

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination is such time and manner as to afford the Company and financial institution a reasonable opportunity to act on it.

_____ ____/____/20___
Signature Date

_____
Printed Name

Attach Voided Check Here

Primary account: Attach voided check

_____
Financial Institution Branch

_____
Address City State Zip

_____
Routing Number Account Number

Deposit Net Pay $_____ or _____% Into my ( )Check ( )Savings account
Amount Percentage

Secondary account: Attach voided check

_____
Financial Institution Branch

_____
Address City State Zip

_____
Routing Number Account Number

Deposit Net Pay $_____ or _____% Into my ( )Check ( )Savings account
Amount Percentage

If you have questions please feel fee to contact our office.
cadesk@cruise-associates.com
Toll Free: 800-401-4284