

AUTHORIZATION AGREEMENT FOR ACH TRANSACTION

I hereby authorize Peacock Total Solution, LLC to initiate automated clearing house (ACH) transfer entries to my account as indication below at the financial institution name below. This authority will remain in effect until I terminate my employment with FAC or I provide written notice of termination to FAC. I acknowledge that the origination of any and all ACH transactions to my account must comply with applicable provisions of U.S. law.

Financial Institution Name (sending to)

Address/City/State/Zip

Type of Account: ☐ Checking ☐ Savings

Routing Number (Sending to)

Account Number (sending to)

Employee Name

Employee Signature

Date

Please attach a voided check (no deposit slips please!) for the above account

PLEASE NOTE: If for some reason, you do not wish to have your paycheck directly deposited, your paycheck will be mailed via regular postal delivery to your home address, in which case, we cannot guarantee delivery on the exact pay date.

Please take note of our pay periods below:

Period: 1st-15th of the month is deposited on or before the 25th of that month (Payroll Date: 23rd)

Period: 16th-End day of the month is deposited on or before the 10th of the month (Payroll Date: 8th)