



INFINITY SYSTEMS, INC.

DIRECT DEPOSIT ENROLLMENT REQUEST

Authorization agreement for automatic deposits (ACH Deposit)

I authorize Infinity Systems, Inc. to electronically deposit my net pay to the specified account each payday.

Select One: Checking Savings

Account Number: _____

ACH Routing Number: _____

If monies to which I am not entitled are deposited to my account, I authorize Infinity Systems, Inc. to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing, or upon termination of my employment with Infinity Systems, Inc.

First Name	Middle Name	Last Name	
Address	City	State	Zip Code
Daytime Phone Number		Social Security Number	
Signature (required)		Date	

Staple a voided check (not deposit slip) to this completed form and return to Infinity Systems, Inc. main office.

Thank you.