STUDENT EMPLOYMENT INSTRUCTIONS

Prior to working on campus you will need to complete ALL of the following:

1. Online authorization for employment - needed at least one day prior to beginning employment, so that Kronos access can be set up.
2. The attached forms (direct deposit, W-4 & I-9) – done on or before the day you begin work.
3. Kronos training (online timekeeping system) – done on or before the day you begin work.

Students are required to use the Kronos on-line time keeping system to track hours worked.

Use http://services.juniata.edu/finance/payroll.html to access the Online Authorization and Kronos Training. This link is also accessible through the Arch under Student Employment.

To complete the attached forms follow the instructions below and bring the forms back to the Human Resources Office, with your identification(s):

Direct Deposit (half sheet) – Students are required, as a condition of employment, to have their pay directly deposited into a bank account of their choice within the USA. Direct deposit bank account information should include a voided check (for checking accounts) or a deposit slip (for savings accounts).

W-4 (complete bottom half of page) – This form instructs Payroll how to tax your wages for federal tax purposes. You MUST complete lines one through five and line eight. The address you put on the form should be your permanent off campus address not your on-campus address.

Line 5: You may use the worksheet on the top of the page (A-H) to see what you are eligible to claim. International students MUST enter 1 here. Most students usually claim either 0 or 1 (claiming 0 will take more taxes now and potentially give you a bigger tax refund and claiming 1 will take less tax out). If you don’t know what to claim you should talk to a tax professional.

Line 6: International employees should enter NRA on this line. Other employees will usually skip this line.

Line 7 (Optional- if applies): Most students do not claim exempt. The regulations regarding claiming exempt state that you CANNOT file exempt if you meet all of the next three conditions: 1) You can be claimed as a dependant on someone else’s tax return 2) you have income that exceeds $850 and 3) have $300 of unearned income (e.g. interest on savings).

I-9 (complete Section 1, top half of page) – This form is required to prove an employee’s identity and employment eligibility. Complete only the top half of this form, again use your permanent address not your on-campus address. Then return to the Office of Human Resources with proper identification. Identification choices are listed on the back of the form. You MUST bring either one document from List A or one document each from BOTH List B and C. The typical documents provided are: a passport (List A) OR driver’s license or JC ID Card (List B) AND original social security card or birth certificate (List C).

**Please don’t forget to sign and date each form**
INSTRUCTIONS
PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number; 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employers must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must renver employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.


This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex.

Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529, OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS

Form I-9 (Rev. 05/31/05)
Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last First Middle Initial Maiden Name

Address (Street Name and Number) Apt. # Date of Birth (month/day/year)

City State Zip Code Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A
- An alien authorized to work until (Alien # or Admission #)

Employee's Signature Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name

Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document title:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing authority:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Document #:</td>
<td></td>
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</tr>
<tr>
<td>Expiration Date (if any):</td>
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<tr>
<td>Document #:</td>
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<td></td>
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<tr>
<td>Expiration Date (if any):</td>
<td></td>
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</tr>
</tbody>
</table>

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Print Name Title

Business or Organization Name Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)
B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: Document #: Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.
# Lists of Acceptable Documents

## List A
Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (Form N-560 or N-561)
3. Certificate of Naturalization (Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)
6. Unexpired Temporary Resident Card (Form I-688)
7. Unexpired Employment Authorization Card (Form I-688A)
8. Unexpired Reentry Permit (Form I-327)
9. Unexpired Refugee Travel Document (Form I-571)
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)

OR

## List B
Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

## List C
Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. ID Card for use of Resident Citizen in the United States (Form I-179)
7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)
Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $550 and includes more than $500 of untaxed income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected tax for 2006. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $160,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.

B Enter "1" if:

- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least $5,500 of child or dependent care expenses for which you plan to claim a credit.

(Note. Do not include child support payments. See Pub. 903, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):

- If your total income will be less than $55,000 ($82,000 if married), enter "2" for each eligible child.
- If your total income will be between $55,000 and $84,000 ($82,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply.

If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $35,000 ($25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1245-0074

2006

Type or print your first name and middle initial.

Last name

Social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

3 Single □ Married □ Married, but withholding at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

Additional amount, if any, you want withheld from each paycheck

I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(Form is not valid unless you sign it)

Date

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)

Office code (optional)

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

1 Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over $150,000 ($75,250 if married filing separately). See Worksheet 3 in Pub. 919 for details.)

2 Enter:
   - $10,300 if married filing jointly or qualifying widow(er)
   - $7,660 if head of household
   - $5,160 if single or married filing separately

3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"

4 Enter an estimate of your 2006 adjustments to income, including deductible IRA contributions, and student loan interest

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919)

6 Enter an estimate of your 2006 nonwage income (such as dividends or interest)

7 Subtract line 6 from line 5. Enter the result, but not less than "-0-"

8 Divide the amount on line 7 by $3,500 and enter the result here. Drop any fraction

9 Enter the number from the Personal Allowances Worksheet, line H, page 1

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earner/Two-Job Worksheet (See Two earners/two jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-"

4 Do not use the rest of this worksheet

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

5 Enter the number from line 2 of this worksheet

6 Subtract line 5 from line 4

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed

9 Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck

Table 1: Two-Earner/Two-Job Worksheet

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>If wages from LOWEST paying job are—</td>
</tr>
<tr>
<td>$0 - $42,000</td>
<td>0</td>
</tr>
<tr>
<td>4,501 - 9,000</td>
<td>1</td>
</tr>
<tr>
<td>9,001 - 15,000</td>
<td>2</td>
</tr>
<tr>
<td>15,001 and over</td>
<td>3</td>
</tr>
<tr>
<td>$42,001 and over</td>
<td>0</td>
</tr>
<tr>
<td>4,501 - 9,000</td>
<td>1</td>
</tr>
<tr>
<td>9,001 - 15,000</td>
<td>2</td>
</tr>
<tr>
<td>15,001 - 22,000</td>
<td>3</td>
</tr>
<tr>
<td>22,001 - 25,000</td>
<td>4</td>
</tr>
<tr>
<td>25,001 - 32,000</td>
<td>5</td>
</tr>
<tr>
<td>32,001 - 38,000</td>
<td>6</td>
</tr>
<tr>
<td>38,001 - 46,000</td>
<td>7</td>
</tr>
<tr>
<td>46,001 - 55,000</td>
<td>8</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>9</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>10</td>
</tr>
<tr>
<td>75,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 105,000</td>
<td>12</td>
</tr>
<tr>
<td>105,001 - 120,000</td>
<td>13</td>
</tr>
<tr>
<td>120,001 and over</td>
<td>14</td>
</tr>
<tr>
<td>$0 - $60,000</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 2: Two-Earner/Two-Job Worksheet

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $60,000</td>
<td>$500</td>
</tr>
<tr>
<td>60,001 - 115,000</td>
<td>830</td>
</tr>
<tr>
<td>115,001 - 165,000</td>
<td>920</td>
</tr>
<tr>
<td>165,001 - 200,000</td>
<td>1,160</td>
</tr>
<tr>
<td>200,001 and over</td>
<td>1,160</td>
</tr>
<tr>
<td>$0 - $60,000</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $50,000</td>
<td>1,160</td>
</tr>
<tr>
<td>30,001 - 75,000</td>
<td>830</td>
</tr>
<tr>
<td>75,001 - 145,000</td>
<td>920</td>
</tr>
<tr>
<td>145,001 - 200,000</td>
<td>1,160</td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(b)(2)(A) and 6102 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include providing it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the national directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal tax and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide this information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
I hereby authorize the direct deposit of my pay, in the amounts set forth below, by my employer into the account(s) and financial institution(s) indicated below. Such direct deposit will be made on each succeeding payday, unless I choose to terminate or change this agreement in writing to my employer. If this is a change to a previous Authorization, I give my permission to my employer to follow this Authorization by adding or changing my account information. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

<table>
<thead>
<tr>
<th>Initial Authorization □</th>
<th>New Account (Close Previous Account) □</th>
<th>Add Additional Account □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address of Financial Institution</td>
<td>Transit Routing Number</td>
<td>Account Number</td>
</tr>
<tr>
<td>Checking □</td>
<td>Net Check □</td>
<td>Set Amount $__________</td>
</tr>
<tr>
<td>Savings □</td>
<td>Set Amount $__________</td>
<td></td>
</tr>
<tr>
<td>Checking □</td>
<td>Net Check □</td>
<td>Set Amount $__________</td>
</tr>
<tr>
<td>Savings □</td>
<td>Set Amount $__________</td>
<td></td>
</tr>
</tbody>
</table>

*Please attach a voided check or deposit slip to this form.*

Signature ___________________________ Date ___________________