

Varsity Computing, Inc.
dba Dallas Payroll
1219 Abrams Road, Suite 320
Richardson, TX 75081
(214)553-0700 Fax (972)470-0960

EMPLOYEE CREDIT AUTHORIZATION FORM

I (we) hereby authorize Varsity Computing, Inc. (The Company) to initiate a Credit entry to my (our) checking/savings account(s) at the financial Institution(s) indicated below, and initiate adjustments (if necessary) for any transactions credited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution(s) a reasonable opportunity to act on it.

Employee Signature

Date

Employee Name (Print Name)

Financial Institution's Routing transit Number
(look between symbols ":", ":" on your check)

Name of Financial Institution

Account Number [] Checking [] Savings

Amount [] Flat Rate [] Percentage

Financial Institution's Routing transit Number
(look between symbols ":", ":" on your check)

Name of Financial Institution

Account Number [] Checking [] Savings

Amount [] Flat Rate [] Percentage

Attach a copy of your check(s) here!