Regency Village, Ltd.
6550 Hamilton Avenue
Cincinnati, Ohio 45224
513-522-5516

Authorization Agreement for Direct Deposit Payroll

This is a: _____ New Request _____ Change Request

I hereby authorize Regency Village , Ltd. To initiate electronic entries to my:

_____ Checking _____ Saving

Account indicated below, and to the financial institution names below to credit and/or debit the same to such account.

Financial Institution _____

City, State _____

Routing / Transit Number _____

Account Number _____

This authority is to remain in full force and effect until Regency Village, Ltd has received written notification from me of it termination in such time and in such manner as to afford Regency Village, Ltd., and Financial Institution a reasonable opportunity to act on it.

Name _____ Social Security# _____

Signature _____ Date _____

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To Financial Depository Institution

I certify that the above routing/transit number, and account number is valid.

Name: _____ Phone _____

Title _____ Institution _____