

**Varsity Computing, Inc.**  
dba Dallas Payroll  
1221 Abrams Road, Suite 350  
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!**

### CONFIDENTIALITY NOTICE

This document contains personal and confidential information. Extreme care should be taken to transmit this information to Varsity Computing, Inc. It is recommended this document should be either mailed to the address above, faxed to the fax number above, or emailed via a secure document service.