



**A subsidiary of Ulster Savings Bank
PO Box 3337, Kingston, NY 12402
Phone: (845) 336-4812 Fax: (845) 336-0551**

Employee Authorization Agreement

For Automatic Payroll Deposit

The undersigned hereby authorizes *Ulster Financial Group, Inc.* (hereinafter referred to as Company) and/or its authorized agents, to initiate credit/debit entries for payment of payroll, and if necessary, adjusting credit / debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to or from said account.

Depository: _____

Branch: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Transit/ ABA Number: _____

Account Number: _____

Check One: Checking _____ Savings _____

IF CHECKING, PLEASE INCLUDE A VOIDED OR CANCELLED CHECK

This authorization is to remain in full force and effect until the undersigned has provided written authorization to Company for its termination at such time and in such manner as to afford its agents and Depository a reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds Company and its agents harmless from any damage, loss or claim resulting from Company's authorized actions hereunder.

Print Name: _____

Signature: _____

Check One: New Participant _____ Change _____