



Co ID: _____ Company Name: _____

Authorization Agreement For Direct Deposit

____ New ____ Change ____ Add to existing (please check one)

Employee Name: _____ (Please Print Clearly)

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

1. _____ Type of Account
Name of Bank, Savings & Loan or Credit Union
____ Checking or ____ Savings

Routing and Transit Number Percent of Net Pay _____ %

Account Number Fixed Amount of Net \$ _____

2. _____ Type of Account
Name of Bank, Savings & Loan of Credit Union
____ Checking or ____ Savings

Routing and Transit Number Percent of Net Pay _____ %

Account Number Fixed Amount of Net \$ _____

Attach Voided Check Here

(deposit tickets are not acceptable- they do not carry the correct routing number)

This authority is to remain in full force and effect until the EMPLOYER has received written notification from me of its termination in such time and manner as to afford the EMPLOYER a reasonable opportunity to act on it.

Date: _____ Signature of Employee: _____