



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EE NAME: _____ EE ID #: _____

NEW: _____ CHANGE: _____ ADD ON: _____

I HEREBY AUTHORIZE MY EMPLOYER _____ TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT OR ACCOUNTS.

NAME OF BANK/CREDIT UNION _____ CHECKING _____ or SAVINGS _____
ROUTING / TRANSIT NUMBER _____ PERCENT % OF NET PAY: _____ %
ACCOUNT NUMBER _____ FIXED AMOUNT OF NET: \$ _____

NAME OF BANK/CREDIT UNION _____ CHECKING _____ or SAVINGS _____
ROUTING / TRANSIT NUMBER _____ PERCENT % OF NET PAY: _____ %
ACCOUNT NUMBER _____ FIXED AMOUNT OF NET: \$ _____

ATTACH VOIDED CHECK HERE

IF YOU ARE NOT SURE ABOUT DIRECT DEPOSIT INFORMATION – PLEASE CONTACT YOUR BANK FOR ASSISTANCE IN COMPLETING THIS FORM.

(DEPOSIT TICKETS ARE NOT ACCEPTABLE – THEY DO NOT CARRY THE ROUTING/TRANSIT NUMBERS!)

THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT.

DATE: _____

SIGNATURE: _____