

DIRECT DEPOSIT AUTHORIZATION



AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH CREDITS)

EMPLOYER NAME:

I _____ hereby authorize my employer, and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account listed below.

Please print all information carefully:

_____ Checking Account Account Number _____

_____ Savings Account Account Number _____

Bank or Credit Union where account(s) is held:

Bank Name: _____

City: _____

Transit/Routing/ABA Number for the above institution: _____

This authorization is to remain in full force and effect until employer has received written notice from employee of account termination. Such notice must be provided in writing to employer with adequate time for employer and financial institution to act on it.

Please print:

Employee Name: _____

Social Security Number: _____

Today's Date: _____

Employee Signature: _____

YOU MUST INCLUDE A COPY OF A CANCELED CHECK WITH THIS NOTICE.