

# **Direct Deposit Authorization Agreement**

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

I hereby authorize \_\_\_\_\_ hereafter called the Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account indicated below. I hereby authorize the depository named below, hereafter called the Depository, to credit and debit entries to such account.

**Depository Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Bank Transit #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Checking or Savings (please circle one)**

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

**Name (print):** \_\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-signature (if joint account):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH** a voided blank check or savings account deposit slip to validate account information (DO NOT attach a checking account deposit slip)