



Authorization Agreement for Direct Deposit

I authorize the above named company to credit my account with the depository name below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

PLEASE PRINT CLEARLY AND COMPLETE THE FORM IN ITS ENTIRETY.

Bank Information:

Name on Account:	Transit/ABA Number:
Name of Bank/S&L/Credit Union/Other:	Account Number:
City, State, Zip (of Bank)	Select One: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

This authorization will remain in effect until the company has received written notification from me that it is to be terminated in such time and manner for the company to act on it.

Employee Information:

Name(s):	Social Security Number:
Address:	Telephone Number:
City, State, Zip Code	
Signature	Date

You must attach a **VOIDED** check or deposit slip that is **PREPRINTED** with your name and address.

TEMPORARY CHECKS ARE NOT ACCEPTABLE