## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

EMPLOYER NAME(Please print)	Employer I.D. #
EMPLOYEE NAME	SS#
(Please print)	
I hereby authorize my EMPLOYERto initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below. I also authorize debit entries to reverse credit entries that were returned because of insufficient funds.	to initiate credit justments for any credit entries in error to orize debit entries to reverse credit entries
	TYPE OF ACCOUNT
1. Name of bank, savings & loan or credit union	Checking Percent of net pay amount%
Routing and Transit Number	Savings  Percent of net pay amount%  or fixed amount \$
Account Number	
	TYPE OF ACCOUNT
2. Name of bank, savings & loan or credit union	Checking Percent of net pay amount%
Routing and Transit Number	Savings Percent of net pay amount% or fixed amount \$
Account Number	
This authority is to remain in full force and effect until EMPLOYER has received written notification from me (or either of us) of its termination in such time and manner as to afford EMPLOYER a reasonable opportunity to act on it.	EMPLOYER has received written notification and manner as to afford EMPLOYER a
SIGNATURE of Employee	DATE

In order to complete the Direct Deposit entry process, please attach a copy of a voided check of the checking account(s) listed above. (No Deposit Slips please) Savings Accounts -- please call your bank and verify savings account number and print in the above space.