

## Authorization Agreement for Direct Deposit

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

I hereby authorize \_\_\_\_\_, hereinafter called company to initiate credit entries to my checking ( ) savings ( ) account(s) indicated below and the depository(s) named below, hereinafter called depository, to credit the same such account(s), and, in the event a credit is made to my account in error, I authorize company to make a correcting entry under the condition that I am notified of said adjustment.

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To make a deposit to one account please complete this section:

Amount \_\_\_\_\_ Checking ( ) Savings ( )

Depository \_\_\_\_\_  
Name

City \_\_\_\_\_ State \_\_\_\_\_

Banking Transit/ABA \_\_\_\_\_ Account Number \_\_\_\_\_  
(Always 9 Digits)

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To make a deposit to a second account please complete this section:

Amount \_\_\_\_\_ Checking ( ) Savings ( )

Depository \_\_\_\_\_  
Name

City \_\_\_\_\_ State \_\_\_\_\_

Banking Transit/ABA \_\_\_\_\_ Account Number \_\_\_\_\_  
(Always 9 Digits)

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To make a deposit to a third account please complete this section:

Amount \_\_\_\_\_ Checking ( ) Savings ( )

Depository \_\_\_\_\_  
Name

City \_\_\_\_\_ State \_\_\_\_\_

Banking Transit/ABA \_\_\_\_\_ Account Number \_\_\_\_\_  
(Always 9 Digits)

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

Signature \_\_\_\_\_ Employee Number \_\_\_\_\_ Date \_\_\_\_\_

Employee Name (Printed) \_\_\_\_\_