



Direct Deposit Agreement Form

Authorization Agreement

Employer/Company Information (Required):

Company Name	
Street Address, City, State, Zip	
Telephone:	

I hereby authorize the employer or company described above and its agents to initiate automatic deposits to my account at the financial institution named below. I also authorize the employer or company described above and its agents to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the employer or company described above and/or its agents responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the employer or company described above receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Primary Account

Name of Financial Institution:			
Routing Number (9 Digits):			
Account Number:			
Account Type (Choose One):	Checking	Savings	
Amount (Choose One):	\$	%	Entire Paycheck

Secondary Account (Optional)

Name of Financial Institution:			
Routing Number (9 Digits):			
Account Number:			
Account Type (Choose One):	Checking	Savings	
Amount (Choose One):	\$	%	Remainder

Signature

Authorizer Name (Print): _____

Authorizer Signature (Sign): _____ Date: _____

PLEASE PROVIDE A VOIDED CHECK OR AN OFFICIAL BANK LETTER FOR ACCOUNT VERIFICATION