



# Direct Deposit Authorization Agreement

Employee Name \_\_\_\_\_  
(Last) (First) (MI)

Social Security # \_\_\_\_\_ Employer Name \_\_\_\_\_

I hereby authorize my employer and Valiant to initiate credit entries to my account(s) at the Financial Institution(s) named below. I understand direct deposit account processing will take 2-3 weeks.

**A VOIDED CHECK MUST BE ATTACHED FOR CHECKING ACCOUNT.**

**DEPOSITS TO SAVINGS ACCOUNTS REQUIRE ACCOUNT INFORMATION TO BE OBTAINED FROM YOUR FINANCIAL INSTITUTION. DEPOSIT SLIPS ARE NOT ACCEPTABLE.**

<i>PLEASE CHECK APPROPRIATE BOX</i>	
<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Information <input type="checkbox"/> Cancel Direct Deposit
Financial Institution _____	
Transit (ABA) / Routing Number _____	
Account Number _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Available Balance	<input type="checkbox"/> Dollar Amount \$ _____ <input type="checkbox"/> Percentage % _____

  

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In addition, to credit entries, I hereby authorize my employer and Valiant to make any debit entries necessary to correct deposit errors to my account. This authority is to remain in full force and effect until my employer and Valiant have received written notification from me to terminate the direct deposit and my employer, Valiant, and the Financial Institution have the reasonable opportunity to act on the termination

My direct deposit will continue to be sent to the selected Financial Institution by my employer and Valiant until I notify my employer and Valiant in writing of any changes. To effect a change, I agree to contact my employer for a new "Direct Deposit Authorization Agreement" form. If I am changing financial institutions, I understand that my employer and Valiant must deactivate my old account before the new account can be activated. This will result in my receiving a paycheck during this transition. I further understand that I should maintain accounts at both financial institutions until the transition is complete.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_