



DIRECT DEPOSIT SIGN-UP/AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Company/Employer Name: _____

Location _____

I hereby authorize the Company/Employer (named above) to initiate credit entries, and to initiate, if necessary, debit entries and adjustments to my payment/payroll if an error occurs to my (our) account or accounts listed below.

	Type of Account (Checking/ Savings)	Acct Number	* Bank Routing Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

* Nine digit number that appears on the bottom of a check*

This authority is to remain in full force until the Company/Employer has received written notification from me (or either of us) of its termination in such time manner as to afford Company/Employer and Financial Institution a reasonable opportunity to act on it.

Name _____

Signature _____

Date _____

Name _____ (Co-Signer on Account)

Signature _____

Date _____

****PLACE VOIDED CHECK HERE****

