

**Authorization for Direct Deposits - Employee Form**

This authorizes Little Rock-Fox Fire Protection District (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

**Account #1**

\*Deposit (amount or %) \_\_\_\_\_  
\*ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
\*EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
\*ACCOUNT NUMBER \_\_\_\_\_  
\*BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

**Account #2**

Deposit (amount or %) \_\_\_\_\_  
ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

**This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.**

\_\_\_\_\_  
**\*SIGNATURE**

\_\_\_\_\_  
**\*PRINTED NAME**

\_\_\_\_\_  
**\*DATE**

**\*EMAIL ADDRESS YOU WANT YOUR PAYSTUB SENT TO:** \_\_\_\_\_

**\*Items marked with an asterisk are required in order to process your request.**

**IMPORTANT:** This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by the employer. Do not send this form to QuickBooks Direct Deposit.