

Authorization Agreement for Automatic Payroll Deposits

Employee Information

Your Name _____ Employee # _____
(as it appears on your bank statement)
Address _____ Social Security # _____

Financial Institution Information

Financial Institution Name _____

Routing #: _____ Account Number: _____ Type: _____
 Checking
 Savings

State: _____ Zip Code: _____

Bank Telephone #: () _____ Deposit Amount \$ _____
(Enter "NET" to deposit entire paycheck)

Alternate Deposit Accounts

Alt 1 _____ \$ _____
(Financial Institution Name) Routing # Account Number (Ckg/Svg) (Deposit Amt)

Alt 2 _____ \$ _____
(Financial Institution Name) Routing # Account Number (Ckg/Svg) (Deposit Amt)

Alt 3 _____ \$ _____
(Financial Institution Name) Routing # Account Number (Ckg/Svg) (Deposit Amt)

Authorization

I hereby authorize _____ to deposit my payroll earnings into the account(s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my(our) account. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date: _____ Signature: _____