

TO BE COMPLETED BY EMPLOYER

Client No. _____
Employee No. _____

- New
- Change or Addition
- Cancellation

Employee Authorization, Agreement for Direct Deposits

Company Name: _____

I hereby authorize The Above Named Company, hereinafter called COMPANY, to initiate credit entries to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same such account. Charges to said account(s) may only be made to reverse credit amounts erroneously posted.

FINANCIAL INSTITUTION _____ CITY _____ STATE _____

TRANSIT / ABA NO. _____

Checking Savings Account No. _____

Net Pay Specify \$ _____

FINANCIAL INSTITUTION _____ CITY _____ STATE _____

TRANSIT / ABA NO. _____

Checking Savings Account No. _____

Remaining Pay Specify \$ _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**ATTACH A SAMPLE VOIDED CHECK FOR CHECKING ACCOUNTS;
CONTACT YOUR FINANCIAL INSTITUTION FOR TRANSIT/ABA NO.
FOR SAVINGS ACCOUNTS.**

I have provided my EMPLOYER with a copy of a VOIDED CHECK or DEPOSIT TICKET solely for the purposes of verifying my account number and the Financial Institution's routing number.

NAME _____ SSN _____ - _____ - _____
(Please Print)

SIGNED (X) _____ DATE _____

WHITE - Safeguard

YELLOW - Employer's Copy

PINK - Employee's Copy