

Direct Deposit of Checks (Authorization Agreement of Direct Deposit)

I hereby authorize _____ to initiate credit, and if necessary, debit adjustments for any credit entries in error, to my account indicated below and the depository named below, hereafter called BANK to credit/and or debit the same to such account. This authority is to remain in full force and effect until written notification from me of its termination in such time and such manner as to afford a reasonable opportunity to act on it.

Name on bank account: _____

Bank Name: _____ Type of Account Checking Savings

Routing Number _____ Account Number _____

Entire paycheck or \$ _____ *

* Balance of pay to:

Name on bank account: _____

Bank Name: _____ Type of Account Checking Savings

Routing Number _____ Account Number _____

Attach a Voided Personal Check or Bank Letter Here

Required: _____
Employee Signature *Date*

Email address (for paystub access): _____