

Direct Deposit Authorization Form

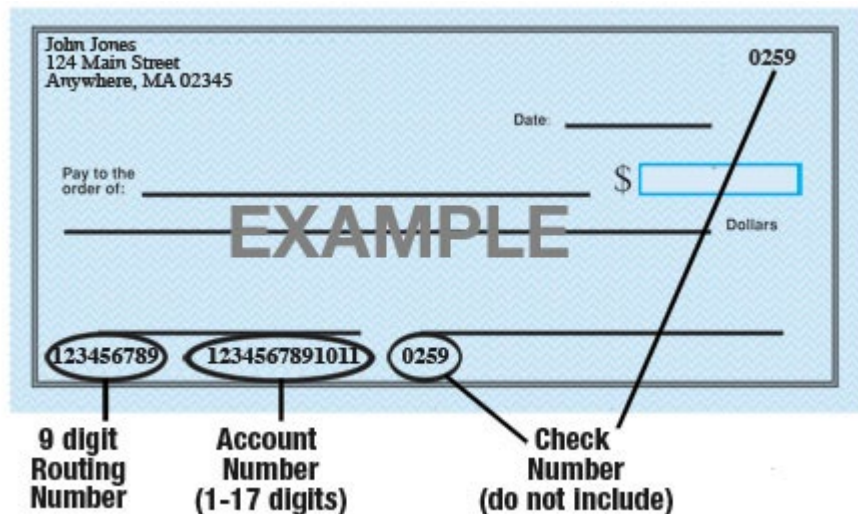
I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I (we), also, authorize the COMPANY and the DEPOSITORY to initiate debit entries to my (our) account indicated below to reverse any credits made to such account in error. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account Number: _____

9-Digit Routing Number: _____

Amount: ☐ \$ _____ ☐ _____ % or ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings

Please attach a voided check for each bank account to which funds should be deposited.

**Do not use deposit ticket routing number for direct deposit as it may be different.*

I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I attest that the above account information is correct and agree to enter into the direct deposit on behalf of said company, and that the signature below is my own proper signature.

Signature: _____ Date: _____