



Direct Deposit Authorization

Direct Deposit is a simple, safe and smart way to get paid. Simply complete the form, attach a voided check, and provide to your employer.

I (we) authorize the company listed below to initiate deposits (credits), and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

| Financial Institution | | |
|--------------------------|----------------|--|
| Name | Address | |
| City, State, Zip | | |
| Routing & Transit Number | Account Number | Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan |

| Deposit |
|---|
| Company Name (who will pay you?) |
| Recurrence <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly |
| Date of Recurrence |

This authorization will remain in full force and effect until the "Company" has received written notification from the recipient of its termination in such a time and manner as to afford the "Company" a reasonable opportunity to terminate it.

Account Holder's Name (Please Print)

Authorized Signature

Date

Please attach a voided check or financial institution account verification letter to this form.