



Authorization Agreement for Direct Deposit (ACH Credits)

A. Employee Information

Employee Social Security # _____

Employee Name _____
Last First M.I.

Please check one of the following:

- New Enrollment
 Update/Change to Existing Direct Deposit

B. Fixed Amount Option

Please check all that apply, if any:

- Deposit a Fixed Amount, per pay period, as indicated below
 Change My Current Fixed Amount Option
 Cancel My Current Fixed Amount Option
- Checking
 Savings
- \$ _____ Deposit Amount

Name of Institution

Routing Number (9 digits)

Account Number

C. Net Pay Option

Please check all that apply, if any:

- Start Depositing My Net Pay Per Pay into: Checking Savings
 Change My Current Net Pay Option As Indicated Below
 Cancel My Current Net pay Option As Indicated Below

Name of Institution

Routing Number (9 digits)

Account Number

D. Employee Authorization

I hereby authorize my employer and the financial institution(s) identified above to electronically deposit my pay into my designated account(s) and to correct my account(s) for any amounts deposited to it which I am not entitled. This authority shall remain in effect until I submit a new authorization form, or until revoked by me in writing, or upon termination of my employment with said COMPANY. I understand that a reasonable time period is needed to implement this authorization (2-4 weeks).

Employee Signature

Date