

AGREEMENT FOR AUTOMATIC DEPOSIT

Name: _____

Employee #: _____

Client #: _____

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account listed below.

Financial Institution: _____

Type of Account	Routing Number	Account Number	Check Here for Full Deposit	Amount
The following account information is:		☐ A New Direct Deposit ☐ An Added Direct Deposit		
☐ To Replace Current Direct Deposit				
*** ☐ Checking			☐	\$
** ☐ Savings				
The following account information is:		☐ A New Direct Deposit ☐ An Added Direct Deposit		
☐ To Replace Current Direct Deposit				
*** ☐ Checking			☐	\$
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☐ To Replace Current Direct Deposit				
*** ☐ Checking			☐	\$
** ☐ Savings				

*** **INCLUDE A VOIDED CHECK** (DEPOSIT SLIPS DO NOT HAVE THE CORRECT INFORMATION)

** SAVINGS ACCOUNT NUMBERS THAT ARE NOT ACCOMPANIED BY A STATEMENT FROM THE BANK WILL BE PRENOTED

The authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such a timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature: _____