

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL**

Company Name: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ hereinafter called COMPANY, to initiate credit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the originator of ACH transactions to my account must comply with the provisions of U.S. law. I further authorize COMPANY to initiate debit entries to my account for the sole purpose of correcting any credit entries that were previously initiated in error or for an incorrect amount.

Depository/Financial Institution Name: \_\_\_\_\_  
Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Select One:  Checking Account  Savings Account

Bank Routing Number:  Account Number:

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Attach a VOIDED check in the box below to ensure correct entry of bank information.