

# AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT

I hereby authorize the \_\_\_\_\_, hereinafter called COMPANY, to initiate PAYROLL DIRECT DEPOSIT credit entries; and to initiate, if necessary, corrections that may take the form of debit or credit entries as adjustments for any credit entries made in error, to my (select one):  
☐ CHECKING\* ☐ SAVINGS account as specified below:

DEPOSITORY NAME: \_\_\_\_\_

DEPOSITORY ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

DEPOSITORY TRANSIT/ABA NO. |: \_\_\_\_\_|:

ACCOUNT NO.: ||\* \_\_\_\_\_||\*  
\* (IF CHECKING ACCOUNT, PLEASE ATTACH A VOIDED COPY OF BLANK CHECK.)

This Authorization is to remain in full force and effect until COMPANY has received a written and signed notification from me of my desire to terminate or change the instructions contained herein. Said written notification of termination or change shall be delivered to the COMPANY at least ten (10) days prior to the next regularly scheduled credit.

EMPLOYEE NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_  
(PLEASE PRINT)

DATE OF AUTHORIZATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ EMPLOYEE SIGNATURE \_\_\_\_\_

PLEASE RETURN THIS FORM TO \_\_\_\_\_

(4/15/96)

## INSTRUCTIONS FOR COMPLETION OF AUTHORIZATION AGREEMENT

- ACCOUNT TYPE:** Check the appropriate box to indicate the type of account into which the funds will be deposited (credited). If you need assistance determining the type of account you have, contact the financial institution with which you have the account.
- DEPOSITORY INFORMATION:** Enter the name and address of the financial institution where you maintain the account which is to receive the deposit (credit).
- DEPOSITORY TRANSIT/ABA NUMBER:** If the account into which the deposit is to be made is a savings account, you will have to obtain this nine (9) digit number from your financial institution. If the account is a checking, then this number can be found on one of your checks in the bottom left. (PLEASE SEE EXAMPLE BELOW.)
- ACCOUNT NUMBER:** Enter the full account number for the account into which the funds are to be deposited. (SEE BELOW FOR THE LOCATION OF YOUR CHECKING ACCOUNT NUMBER.)
- EMPLOYEE INFORMATION AND SIGNATURE:** Please print your full name, enter your social security number, enter the current date and sign.

JAMES OR MARY MORRISON 785 SHERIDAN DR YOUR CITY U.S.A. 01001		228
PAY TO THE ORDER OF _____ \$ _____		19 _____
_____ DOLLARS		
YOUR FINANCIAL INSTITUTION YOUR CITY, STATE 12345		NOT NEGOTIABLE SAMPLE-VOID DO NOT CASH
⑆000067894⑆ 2345678⑆		

TRANSIT/ABA NO.

ACCOUNT NUMBER