

# Authorization for Direct Deposits

## F O R Y O U R F I L E S O N L Y

This authorizes \_\_\_\_\_  
(the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

**NOTE: Enter your company name in the blank space above.**

### Account #1

Account # 1 Type (e.g. Checking, Savings, Loan...) \_\_\_\_\_

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

ZIP

BANK ROUTING # (ABA#)

ACCOUNT #

### Account #2

Account # 2 Type (e.g. Checking, Savings, Loan...) \_\_\_\_\_

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

ZIP

BANK ROUTING # (ABA#)

ACCOUNT #

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

EMPLOYEE ID #

DATE