

DIRECT DEPOSIT AUTHORIZATION

This document must be signed by employees requesting automatic deposit of paychecks. Employees must attach a voided check for their account to help verify the account and bank routing numbers.

Employee Name: _____

Name of Banking Institution: _____

Account Number: _____

Routing Number: _____

Type of Account (check only one): Savings* Checking**
 * Attach Bank Form **Attach copy of, or voided check

I authorize my employer, if necessary, to initiate debit and/or adjustment entries to the accm.m.t number listed above for any credit entries transmitted in error, should my employer transmit this transaction to Bank utilizing the automated clearing house (ACH) network. This authorization for the transactions listed above shall remain in full force and effect until my employer has received written notification from me of its termination. I have read and agree to all the terms and conditions of the agreement set forth above.

Electronic Signature Agreement: By selecting the "I Accept" button, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. You further agree that your signature on this document is as valid as if you signed the document in writing. **I Accept.**

Signature: _____

Date Signed: _____
 [mm/dd/yyyy]

Attach copy of, or voided check here.

FOR PAYROLL OFFICE USE ONLY

- Send Prenote
- Set up Deduction

Date: _____

Date: _____