

(for X-act use only)

please select one

Dept. # _____

New: _____

Emp. # _____

Ded. # _____

Bank Change: _____

Employee

AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Company Name _____ Federal ID No. _____

I hereby authorize the company named above to initiate ACH credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account and depository named below.

(BANK NAME)

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ PHONE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

CHECKING _____ SAVINGS _____

This authority is to remain in full force and effect until the Company has received written notification from me of it's termination in such time and manner as to afford the Company and Depository a reasonable opportunity to act on it.

NAME (print) _____

SOCIAL SECURITY NO. _____

DATE _____

SIGNATURE _____

If **CHECKING ACCOUNT**: Attach voided SAMPLE CHECK (**NOT** deposit slip)
HERE

If **SAVINGS ACCOUNT**: Verify with your bank that your information above is
acceptable for Direct Deposit ACH transactions