



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize the above named company to credit my account with the depository named below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Bank Name: _____	Bank Phone: _____			
Address: _____				
City: _____	State: _____ Zip Code: _____			
Transit/ABA #: _____	Account #: _____			
_____ Checking	_____ Savings	_____ Net Check	\$ _____	Amount
(Please attach a voided check or deposit slip)				

ATTACH VOIDED CHECK HERE

This authorization will remain in effect until the company has written notification from me that it is to be terminated in such time and manner for the company to act on it. I understand that my employer will not be responsible for overdraft charges if I neglect to open my pay advice or if I write checks in advance assuming that direct deposit has taken place.

SIGNATURE

DATE



REQUEST TO CANCEL DIRECT DEPOSIT

Please cancel my direct deposit effective: _____

Employee Name: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Checking Acct. #: _____ Savings Acct. #: _____

Signature: _____ Date: _____