
Company ID:

AUTHORIZATION AGREEMENT
for
DIRECT DEPOSIT

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

Depository
Name _____

City _____ State _____ Zip _____

T/R Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ ID / Employee Number _____
(Please Print)

Signature _____ Date _____

Please attach a voided check.