

ACH**DIRECT DEPOSIT OF PAYROLL****AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**_____
COMPANY/EMPLOYER NAME_____
COMPANY ID NUMBER

I authorize the above named COMPANY and the financial institution listed below to electronically deposit my pay each payday as specified below.

Amount: Net Pay Flat Amount \$ _____ % of Check _____ %

Account type Checking Savings

Bank Name_____
Branch_____
City_____
State_____
Zip Code_____
Bank Transit/ABA Number_____
Account Number

Amount: Net Pay Flat Amount \$ _____ % of Check _____ %

Account type Checking Savings

Bank Name_____
Branch_____
City_____
State_____
Zip Code_____
Bank Transit/ABA Number_____
Account Number

If monies to which I am not entitled are deposited to my account, I authorize my EMPLOYER to direct the financial institution to return said funds. This authority will remain in effect until I have filed new authorization, or until revoked by me in writing, or upon termination of my employment with said COMPANY.

Employee Name (please print)_____
ID Number_____
Signature_____
Date

If a checking account was indicated above, it is necessary that a **VOIDED CHECK** be stapled to this form. For other account types, please attach a deposit slip.