

## Authorization for Direct Deposits - Employee Form

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the Account to post all such entries.

**NOTE:** Enter your company name in the blank space above.

### Bank Account Information

Bank Account Type (checking or savings) \_\_\_\_\_

Employee Bank Name \_\_\_\_\_

Bank Branch \_\_\_\_\_

Bank City, State \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing Number (ABA#) \_\_\_\_\_

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**ATTACH A VOIDED CHECK.**