

## ACH Direct Deposit Authorization

Please complete and return to the Accounting Dept.

I authorize you and the Financial Institution listed below to initiate deposits of funds to which I am entitled, automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize you to initiate debit entries and adjustments to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

Date:	Social Security #:
Employee Name:	
Employee Email:	
Account to be credited: Checking Account Savings Account Amount to be Deposited (or write "Net Check"): Name of Financial Institution:	
Street Address:	
City:	State:
Transit Routing Number	Account Number Information
Employee Signature:	

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