

## DIRECT DEPOSIT AUTHORIZATION FORM

I/we hereby authorize \_\_\_\_\_ [COMPANY], to initiate credit entries (and to initiate, if necessary, debit entries and adjustments for any credit entry in error) to my/our account indicated below, and authorize the financial institution named below, ["BANK"], to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. I also agree that I will not request the Company to initiate an ACH entry that acts on behalf of, or transmit funds to or from any blocked party subject to OFAC (Office of Foreign Asset Control) -enforced sanctions.

I am not currently participating in the Direct Deposit Program

ADD: Deposit my payroll to the account shown.\*

I am currently participating in the Direct Deposit Program

CHANGE: Change bank information and/or account number.\*

CANCEL: Stop my participation in the program.

Type of Account     Checking     Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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

Bank Address \_\_\_\_\_

Bank City State ZIP \_\_\_\_\_

### IMPORTANT!

Tape a voided check below.

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

Identification # \_\_\_\_\_

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

\*Due to the time required for COMPANY and Bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.