

# Direct Deposit Agreement Form

## Authorization Agreement

I hereby authorize \_\_\_\_\_  
(company name) to initiate automatic deposits to my account at the financial institution named below.  
I also authorize *said company* to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold *said company* responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until *said company* receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

## Account Information

Name of Financial Institution: \_\_\_\_\_  
Location of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  Checking |  Savings  
Account Number: \_\_\_\_\_

## Split Deposit Account Information

Name of Financial Institution: \_\_\_\_\_  
Location of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  Checking |  Savings  
Account Number: \_\_\_\_\_  
Amount to Deposit \_\_\_\_\_

## Signature



Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please attach a voided check or deposit slip and return this form to the Payroll Department.