

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Autopaychecks, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Autopaychecks, Inc. to make withdrawals from this account in the event that a credit entry is made in error, only in the amount of the error.

Further, I agree not to hold Autopaychecks, Inc. 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 Autopaychecks, Inc. 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.

Employee Information

Division Name: _____ Div #: _____ Dept #: _____

Employee Name: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ \$OR% _____ CHECKING SAVINGS

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ \$OR% _____ CHECKING SAVINGS

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

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

*We are not able to direct deposit into investment accounts.

** Credit Union Account Numbers may be different than actually printed on checks; please verify account numbers with your Credit Union.

***DIRECT DEPOSIT WILL TAKE PLACE APPROXIMATELY **10 BANKING DAYS** FROM YOUR NEXT PAYROLL CHECK DATE.