

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Employee Name: _____

Company Name: _____

I (we) hereby authorize the Company named above, hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries of adjustments for any credit entries in error, to my (our) checking and/or savings accounts indicated below at the depository named below, to credit and/or debit the same to such accounts. This authorization 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 in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Please identify up to two bank accounts where you want your check deposited. You must have a primary account listed. Only list a secondary account if you want your check to go to two separate accounts.

***** ATTACH A CANCELLED CHECK OR PHOTOCOPY FOR EACH ACCOUNT*****

***** NO DEPOSIT SLIPS *****

Primary Account The final net check less any amounts to the secondary account listed below will be deposited into this account.

ATTACH CHECK	Bank Name	_____		
	Account Number	_____		
	Account Type	Checking <input type="checkbox"/>	Savings	<input type="checkbox"/>

Secondary Account A specified amount or percent of net check may go to this account. You do **not** have to use a secondary account.

ATTACH CHECK	Bank Name	_____		
	Account Number	_____		
	Account Type	Checking <input type="checkbox"/>	Savings	<input type="checkbox"/>

Indicate Deposit Amount for this Account: (select one)

<input type="checkbox"/>	Percent of Net Check Amount	_____ %
<input type="checkbox"/>	Selected Dollar Amount	\$ _____

Signature _____ Date _____

For office use only
Date received _____
Date Prenoted _____
Date Accepted _____

Comments _____

