

**Employer:** \_\_\_\_\_

**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize the above employer to initiate automatic deposits to my account at the financial institution named below. I also authorize my employer to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold above employer 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 the above employer 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: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ **Date:** \_\_\_\_\_

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