



# Direct Deposit Authorization Agreement

\_\_\_\_\_ Begin Direct Deposit \_\_\_\_\_ Change Information \_\_\_\_\_ Cancel Deposits

Client # \_\_\_\_\_ Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

### Checking/Savings (circle)

Name of Bank: \_\_\_\_\_

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

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

\_\_\_\_\_ Net Check \_\_\_\_\_ Flat Dollar Amount \_\_\_\_\_ Percentage

### Checking/Savings (circle)

Name of Bank: \_\_\_\_\_

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

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

\_\_\_\_\_ Net Check \_\_\_\_\_ Flat Dollar Amount \_\_\_\_\_ Percentage

### Checking/Savings (circle)

Name of Bank: \_\_\_\_\_

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

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

\_\_\_\_\_ Net Check \_\_\_\_\_ Flat Dollar Amount \_\_\_\_\_ Percentage

I authorize to initiate credits (and corrections to previous credits) to the financial institution designated above. This authorization will remain in effect until I give written notice to either to change or terminate this authorization.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print this completed form and fax to (559) 299-9181.

### To Be Completed By Payroll Department

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Entered on Payroll : \_\_\_\_/\_\_\_\_/\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered By: \_\_\_\_\_ Checked By: \_\_\_\_\_

7065 NORTH MAPLE AVENUE, SUITE 101 FRESNO, CALIFORNIA 93720 OFFICE: (559) 299-9180 FAX: (559) 299-9181