

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

COMPANY NAME: _____

I hereby authorize above Company Name , hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error into my checking and or savings account(s) indicated below and the financial institution(s) named below to credit and/or debit the same to such account.

Bank Name	Bank Routing Number	Account Number	Bank Phone Number	Mark Checking or Savings	Indicate \$ Amount or Remainder

The authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Employee Name: _____

(Please print your name as it appears on your account)

Signature: X _____

PLEASE ATTACH A VOIDED CHECK FOR YOUR ACCOUNT IN THIS SPACE