

DIRECT DEPOSIT REQUEST

INSTRUCTIONS:

Account Number:

- 1) To use this service, you must have an active account in your name at a bank or credit union. This request cannot be processed if this form is not properly completed and signed.
- 2) Complete and sign the Authorization Agreement for Automatic Deposits (ACH Credits) below.
- 3) Complete the Deposit Information section by listing your routing and accounting numbers. **You are responsible for ensuring the accuracy of this information.**

AUTHORIZATION AGRI	EEMENT	:								
Print Name on account:				Social Secu					ecurity Number:	
to initiate, if necessary, daccount(s) indicated beloaccount. This authority is notification from me (or COMPANY and DEPOSIT	lebit entrow, hereis to rema either of ORY a re COMPANIT RESPON	ries arinafte ain in Fus) c asona NY car asibili	nd acer call full for its able connot ty to	ljusti led D force term oppo guar verif	ment EPO and inati rtuni ante	cs for SITO effect on ir ity to e that posit	any RY, t t unt sucl act o t dep	cred o cre il CC n tim on it. oosit. d ava	OMPANY, to initiate credit entries and lit entries in error to my (our) edit and/or debit the same to such OMPANY has received written ne and in such manner as to afford . s will be credited at the same time ailability of funds with your bank. The	
Employee Signature:	Signature:							Date:		
DEPOSITORY:										
NAME ON ACCOUNT:										
Routing Number:										

