

Authorization Agreement for Automatic Payroll Deposit

I hereby authorize _____ to initiate to my account (identified below) in the bank named below, and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my employment.

CHECKING ACCOUNT # _____

AMOUNT TO BE DEPOSITED \$ _____

ROUTING # _____

SAVING ACCOUNT # _____

AMOUNT TO BE DEPOSITED \$ _____

ROUTING # _____

BANK NAME _____

CITY OF BANK _____

SIGNATURE _____

PRINT NAME _____

DATE _____

Attach a voided check

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