DIRECT DEPOSIT BY ACH AUTHORIZATION (ACH CREDITS)

| Company Name | Company Address | | Company City, State, Zip | | | Company Phone |
|--|----------------------|-------|--------------------------|-------------------|----|---------------|
| Employee Information | | | | | | |
| Employee Name | | | Date of Birth | | th | |
| Address | | | City | State and Zip | | |
| Email Phone Number | | | | Cell Phone Number | | |
| I (we) hereby authorize, hereinafter called COMPANY, to initiate electronic credit entries to the accounts identified in the Banking Information sections below, and to debit my (our) account if necessary to correct erroneous credits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Request Type- Check All That Apply | | | | | | |
| New Authorization | Discontinue Direct C | redit | | | | |
| Change Financial Institution Account Split Among Multiple Accounts | | | | | | |
| Apply this authorization to expense reimbursements and other refunds in addition to payroll. | | | | | | |
| Banking Information | | | | | | |
| Primary Financial Institution Name | 2 | | Account Number | | | |
| Account Type: Checking | □ Savings | | Routing Transit Number | | | |
| Amount of Credit to Deposit: | | | | | | |
| Additional Banks (For Split Deposits) | | | | | | |
| Second Financial Institution Name | | | Account Number | | | |
| Account Type: Checking | □ Savings | | Routing Transit Number | | | |
| Amount of Credit to Deposit: | | | | | | |
| Third Financial Institution Name | | | Account Number | | | |
| Account Type: Checking | □ Savings | | Routing Transit Number | | | |
| Amount of Credit to Deposit: | | | | | | |
| I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing or by phone at the address or telephone number above to revoke this authorization. I (we) understand that COMPANY requires at least (days/weeks) notice to cancel this authorization. I (we) acknowledge that we are the account holders of record at the financial institution provided in this authorization. | | | | | | |
| Authorized Signatures | | | | | | |
| Print Name | | | Print Name | | | |
| Signature | | | Signature | | | |