

*AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DEPOSITS (CREDITS)*

Employer Name: \_\_\_\_\_

Employer ID#: \_\_\_\_\_

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

Name of Bank, Savings & Loan, or Credit Union	
Routing and Transit Number	
Account Number	

Type of Account (Please Circle One):

Checking

Savings

Deposit Amount:      Net Pay      \_\_\_\_\_ % of Net Pay      Fixed Amount \$ \_\_\_\_\_

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

Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Attach copy of voided check here.***