

Authorization Agreement for Direct Deposit PAYROLL ONLY

I hereby authorize Colorado Rockies Baseball Club to initiate credit entries or, if necessary, debit entries for any credit error to the following bank account:

Check One:	Checking	Savings
Bank Name:		
ABA / Routing Number:		
Account Number:		
Amount: Specify \$ amount or ALL— no percentages.		
Employee Name Printed:		
Employee Signature:		Date:
PLEASE NOTE: Your account will be tested on the first pay date following receipt of this authorization. A paper check will still be issued. A live deposit will occur on the pay date following the test. It is your responsibility to notify your supervisor or payroll personnel of any changes to your account information. Additionally, this account information does not affect your direct deposit status for your FLEX spending account. Please see Human Resources to obtain appropriate form.		
Attached VOID	ED CHECK here (d	eposit slips cannot be accepted):
	Admin Use Only	Pre-note date:
		Live deposit date: