



10979 Lin Valle Drive  
St. Louis, MO 63123  
(314)645-7553  
(314)-645-7883

**DIRECT DEPOSIT OF PAYDROLL PROGRAM**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)**

As a convenience to me, I hereby authorize and request my employer to have my salary and any other monies it may owe me deposited directly and, to initiate if necessary, debit entries and adjustments for any credit entries in error to my \_\_\_ checking \_\_\_ savings account.

I hereby authorize and request my financial institution to credit the same to my account. I agree that my financial institution is not responsible for the correctness of any direct deposits to my account by my employer and shall not hold it liable for crediting my account accordingly.

I understand that I may terminate this agreement by giving written notice to my employer. I may give such termination notice at any time, but must allow my employer a reasonable time after receipt to act upon it.

Name: \_\_\_\_\_  
(Print or type; last name first.)

Signed: \_\_\_\_\_

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

This agreement is in accordance with the rules and operating procedures of the Mid-America Payment Exchange, as now in effect or hereafter modified.

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EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FINANCIAL INSTITUTION  
DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_ (Located in lower left hand  
corner of check.)

ACCOUNT NUMBER: \_\_\_\_\_ \_\_\_ Checking \_\_\_ Savings

**PLEASE ATTACH VOID CHECK BEFORE RETURNING**



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