



Direct Deposit Authorization Form | Electronic Funds Transfer Agreement

I hereby authorize Mimi's Creative Kids Learning Center ("Employer") to initiate direct deposit credit entries, and if necessary, debit entries and adjustments for any credit entries made in error, to my account at the financial institution named below. This authority will remain in effect until I notify Employer in writing to cancel it in such time as to afford Employer a reasonable opportunity to act on it.

Employee Information

Full Legal Name: _____

Employee ID/SSN: _____

Email Address: _____

Phone Number: _____

Banking Information

Financial Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

Terms and Conditions

By signing this authorization form, I acknowledge and agree to the following:

- I authorize my Employer to deposit my pay directly into the account specified above.
- I understand that it may take one to two pay periods for direct deposit to become effective.
- I understand that I will receive an earnings statement each pay period showing the amount deposited.
- I understand that my Employer reserves the right to adjust my account for any amounts credited in error.

- I agree to notify my Employer immediately of any changes to my account information, including account closure or changes to routing/account numbers.
- I may cancel this authorization at any time by providing written notice to my Employer at least seven pay periods in advance.
- I understand that this authorization will remain in effect until canceled by me in writing or until I am no longer employed by the Employer.
- I agree to hold my Employer harmless for any delays or errors in processing deposits that result from incorrect account information provided by me.

I understand that my financial institution must be a member of the Automated Clearing House (ACH) network to receive direct deposits.

Effective Date

This authorization shall be effective beginning with the pay period starting:

Employee Signature

I certify that I am the account holder (or joint account holder) of the account specified above and that I am authorized to initiate direct deposits to this account. I certify that all information provided on this form is true and accurate.

Employee Signature

Employee Printed Name

Date

For Office Use Only:

Date Received: _____ Processed By: _____

Effective Pay Period: _____

☐ Voided check or deposit slip attached ☐ Bank verification form attached

SUBMIT FORM