**Authorization Agreement for Payroll Direct Deposit**

I hereby authorize [INSERT COMPANY NAME], hereinafter called Company, to initiate Payroll Direct Deposit credit entries to my account indicated below at the depository financial institution named below, hereafter called Depository, and to credit the same to such account.

Additionally, I hereby authorize Company to initiate debit entries to my account and the Depository to debit the same to such account, in the case where the incorrect amount has been credited to such account in error.

This authority is to remain in full effect until Company or Depository has received written notification of its termination in such time and manner as to afford Company or Depository [INSERT NUMBER OF DAYS] days to act on the termination request.

|  |  |  |
| --- | --- | --- |
| Depository Name | | Account Type (select one)  Checking  Savings |
| Depository’s Transit Routing (ABA) Number | Account Number | |

|  |  |
| --- | --- |
| Employee Name | ID Number |
| Signature | Date |