

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

EMPLOYER NAME \_\_\_\_\_ EMPLOYER I.D. # \_\_\_\_\_

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 (our) account or accounts listed below.

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TYPE OF ACCOUNT	
1. _____ Name of bank, savings & loan or credit union	<input type="checkbox"/> Checking Percent of net pay amount _____%
_____	
Routing and Transit Number	<input type="checkbox"/> Savings Percent of net pay amount _____% or fixed amount \$ _____
_____	
Account Number	

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Routing and Transit Number	<input type="checkbox"/> Savings Percent of net pay amount _____% or fixed amount \$ _____
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_____	
Account Number	

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

EMPLOYER NAME \_\_\_\_\_ EMPLOYER I.D. # \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE of Employee \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE of Employee \_\_\_\_\_