

ILLUSTRATION: Sample consumer authorization for automated credit entries.

DIRECT DEPOSIT  
AUTHORIZATION FORM

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date	Name	Financial Institution Name
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Employee SSN	Financial Institution Address
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Signature \_\_\_\_\_

CHECK ONE:

I am currently participating in the Direct Deposit Program  
 ADD - Deposit my pay to the account shown.

I am currently participating in the Direct Deposit Program.  
 CHANGE-Change financial institutions and/or account number.  
 CANCEL -Stop my participating in the program.

Due to the time required for Company and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

FAX IN YOUR VOIDED CHECK  
IMPORTANT!!! CHECK TYPE OF ACCOUNT:  CHECKING  SAVINGS

