

Client ID _____ PIN # _____



Electronic Deposit Authorization Form

Important! Please read and sign before completing and submitting.

I hereby authorize _____ hereinafter "Company" to initiate credit entries for sums to and payable to me to my checking, savings or other account(s) indicated below; and, the Financial Institution(s) named below, hereafter called "Depositories", to credit the same to such accounts. I also authorize Company to initiate debits for sums due to the Company for erroneous deposit or deposits at the Depository(ies).

This authorization is to remain in full force and effect until Company has received written notice from me of its termination in such time and in such manner as to afford Company reasonable opportunity to act on it or until such time as Company terminates this agreement.

Employee Name: _____ Last Four Digits of Social Security #: _____ (optional)

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Be sure to indicate checking or savings, along with amount or percent to be deposited into each account.

**PLEASE BE SURE TO LIST ALL CURRENT ACCOUNTS
ANY ACCOUNTS NOT LISTED WILL BE ENDED**

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____
(do not drop any leading zeros)

Checking Savings I wish to deposit: \$_____. ____ or % _____ or Entire Net amount

Please Attach Voided Check (no deposit slips)

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____
(do not drop any leading zeros)

Checking Savings I wish to deposit: \$_____. ____ or % _____ or Entire Net amount

Please Attach Voided Check (no deposit slips)

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____
(do not drop any leading zeros)

Checking Savings I wish to deposit: \$_____. ____ or % _____ or Entire Net amount

Please Attach Voided Check (no deposit slips)