

## DIRECT DEPOSIT BY ACH AUTHORIZATION (ACH CREDITS)

Company Name	Company Address	Company City, State, Zip	Company Phone
<b>Employee Information</b>			
Employee Name		Date of Birth	
Address		City	State and Zip
Email	Phone Number		Cell Phone Number
<p>I (we) hereby authorize _____, hereinafter called COMPANY, to initiate electronic credit entries to the accounts identified in the Banking Information sections below, and to debit my (our) account if necessary to correct erroneous credits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</p>			
<b>Request Type- Check All That Apply</b>			
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Discontinue Direct Credit	
<input type="checkbox"/> Change Financial Institution Account			
<input type="checkbox"/> Split Among Multiple Accounts			
<input type="checkbox"/> Apply this authorization to expense reimbursements and other refunds in addition to payroll.			
<b>Banking Information</b>			
<b>Primary</b> Financial Institution Name		Account Number	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Transit Number	
Amount of Credit to Deposit:			
<input type="checkbox"/> Full Amount of Credit <input type="checkbox"/> Flat Amount \$ <input type="checkbox"/> Percentage of Credit _____%			
<b>Additional Banks (For Split Deposits)</b>			
<b>Second</b> Financial Institution Name		Account Number	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Transit Number	
Amount of Credit to Deposit:			
<input type="checkbox"/> Flat Amount: \$ <input type="checkbox"/> Percentage of Credit _____%			
<b>Third</b> Financial Institution Name		Account Number	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Transit Number	
Amount of Credit to Deposit:			
<input type="checkbox"/> Flat Amount \$ <input type="checkbox"/> Percentage of Credit _____%			
<p>I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing or by phone at the address or telephone number above to revoke this authorization. I (we) understand that COMPANY requires at least ____ (days/weeks) notice to cancel this authorization.</p> <p>I (we) acknowledge that we are the account holders of record at the financial institution provided in this authorization.</p>			
<b>Authorized Signatures</b>			
<b>Print Name</b>		<b>Print Name</b>	
Signature		Signature	