

**ACH AUTHORIZATION  
(For Payroll Direct Deposit)**

NEW DIRECT DEPOSIT

CANCEL DIRECT DEPOSIT

I (we) hereby authorize \_\_\_\_\_ to initiate entries to my checking/savings account at the financial institution below (“Financial Institution”) and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until \_\_\_\_\_ is notified by me (us) in writing to cancel it in such time as to afford \_\_\_\_\_ and the Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution: \_\_\_\_\_

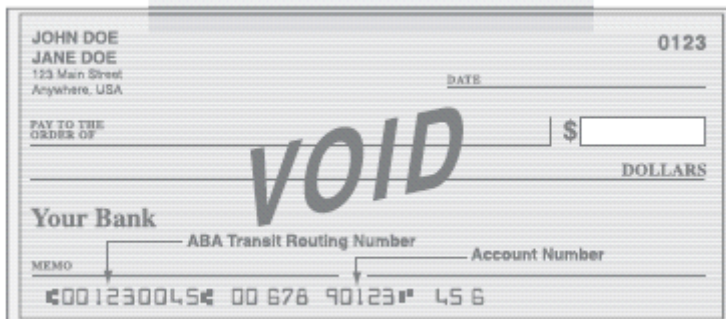
Address of Financial Institution: \_\_\_\_\_

Checking/Savings Account #: \_\_\_\_\_

Financial Institution Routing #: \_\_\_\_\_

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For a checking account, attach a VOIDED check; savings, attach a withdraw slip



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Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee's Name (Print): \_\_\_\_\_