

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize _____ to initiate automatic deposits to my account at the financial institution named below. I also authorize _____ to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold _____ responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until _____ receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: AMPLIFY CREDIT UNION

Routing Number: 314977227

Account Number: _____

CHECKING

SAVINGS

Account Holder Name: _____

Signature

Authorized Signature (Primary)

Date

Authorized Signature (Joint)

Date

Please turn this form into your employer's Payroll Department.