

Direct Deposit Agreement Form

AUTHORIZATION AGREEMENT

I hereby authorize _____ (Company Name) to initiate automatic deposits to my account at the financial institution named below. This includes my authorization to make to correct deposit entries made in error.

Further, I agree not to hold the company named above 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 I give written notice of cancellation 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: _____

Date: _____

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