

Direct Deposit Authorization

Employee Name: _____
(Please Print)

Amount to Credit		
Account Number to Credit	Percent of Net	Amount
_____	_____	_____
_____	_____	_____

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize the _____ (hereinafter referred to as the Company) to make deposits from time to time in the account identified below. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled-in copy of this Authorization.

Bank Name: _____

Bank ABA Number: _____

Account Number to Credit: _____

Type of account: _____ Checking _____ Savings

Name of Authorizing Party: _____

Address: _____

City/State/ZipCode: _____

Signature of Authorizing Party: _____

Date: _____