



## ***Direct Deposit Authorization Agreement***

Client Co: \_\_\_\_\_

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

Employee/ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby authorize ***Corporate Solutions*** to initiate credit entries and any necessary debit entries and adjustments for any credit entries in error to my account indicated below. I also hereby authorize the depository named below to credit and/or debit the same to such account.

Please accept this as your authorization to deposit payroll proceeds into my checking/savings as listed below:

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank's Routing/Transit Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authorization remains in effect until ***Corporate Solutions*** has received notification from me of its termination as a signed written request. The cancellation request for direct deposit must be received one (1) week before the next payroll date.

I understand that by signing below verifies that I have read, understand, and agree to abide by ***Corporate Solutions*** policy on direct deposit.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**(Please attach a sample/voided check to this authorization.)**