



Please complete this form to add or change an auto deposit. NO verbal changes are acceptable. All changes must be in writing. If you choose to stop auto deposit, please do so in writing and send to the Human Resource Management Department. Auto deposit becomes effective approximately ten (10) working days from receipt, NOT immediately.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

In order to have auto deposit, please fill out the information below and attach a blank voided check. (If applicable)

For new accounts, you need to:

1. Already have the designated account set up at your bank.
2. Find out if they are part of the Automated Clearing House (ACH), and if they accept direct deposits.
3. If the answer is yes to these conditions, notify your institution that auto deposit is being set up and ask if there is anything special needed.
- 4. Must designate a specific dollar amount.**
5. Return form to Human Resource Management.

FILL OUT BELOW:

Depository Name (Bank or Credit Union)

Bank Transit ABA Number (9 digits)

Bank Account Number

Account Type: _____ Checking _____ Savings

Dollar Amount Request _____

Printed Name

Authorized Signature

Date