

Consumer Authorization for Direct Deposit via ACH  
(ACH Credits)

I (we) hereby authorize \_\_\_\_\_ (COMPANY) to initiate credit entries to my account indicated below at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Action Requested:**

- Begin direct deposit
- Change bank information

**Bank Information:**

Financial Institution Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Account type:     \_\_\_ Checking   \_\_\_ Savings

I understand this authorization will remain in full force and effect until COMPANY has received written notice from me of its termination in such time and manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee name (printed)

\_\_\_\_\_  
Employee ID or SSN

**\*\*\*PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION\*\*\***

**Please return this form to \_\_\_\_\_ for processing. Notice will be sent to you indicating the payroll date that your direct deposit will begin.**

For office use only:   Date received: \_\_\_\_\_ Start Date: \_\_\_\_\_  
initials: \_\_\_\_\_   Date changed: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
*\*retain authorization for 2 years after termination date*