

- New
- Change or Addition
- Cancellation

Employee Authorization, Agreement for Direct Deposit

Company Name: WD Associates, Inc.

I decline direct deposit at this time.

I hereby authorize The Above Named company, hereinafter called COMPANY, to initiate credit entries to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same such account. Changes to said account(s) may only be made to reverse credit amounts erroneously posted.

FINANCIAL INSTITUTION _____ CITY _____ STATE _____

TRANSIT/ABA NO. _____

Checking Savings Account No. _____

(If Saving account, Transit/ABA No. Must come from the Bank to assure proper deposit)

Remaining Pay Specify \$ _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PLEASE ATTACH A SAMPLE VOIDED CHECK FOR EACH ACCOUNT UTILIZED. We cannot use a deposit slip.

I have provided my EMPLOYER with a copy of a **VOIDED CHECK** solely for the purpose of verifying my account number and the Financial Institution's routing number.

NAME _____ SSN _____ - _____ - _____
SIGNED (x) _____ DATE _____