AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

Direct Deposit via ACH is the deposit of funds to a coexpense reimbursement, government benefits, tax a	
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I hereby authorize	[company] to electronically credit my
account (and, if necessary, to electronically debit my	account to correct erroneous credits) as follows:
PRIMARY ACCOUNT	
Select One:	
Checking Account	
Savings Account	
at the depository financial institution named below.	I agree that ACH transactions I authorize comply with all
applicable law.	
Bank Name	
Routing Number	
Account Number	
Name(s) on the Account	
Amount of credit (i.e., amount, percentage or entire of	:heck)
SECONDARY ACCOUNT	
Select One:	
Checking Account	
Savings Account	
at the depository financial institution named below.	I agree that ACH transactions I authorize comply with all
applicable law.	
Bank Name	
Routing Number	
Account Number	
Name(s) on the Account	
Amount of credit (i.e., amount or percentage)	
I understand that this authorization will remain in ful	l force and effect until I
	[insert manner of revocation, i.e., in writing, by
phone, location, address, etc.] that I wish to revoke thi	s authorization. I understand that requires at least [X days/weeks]
prior notice in order to cancel this authorization.	
Name of Employee (Please print)	
	 Date

Please attach a voided check or financial institution account verification letter to this form.

