

Authorization Agreement for Direct Deposit

Name _____

Location _____

S.S. # XXX-XX-_____

Phone _____

I hereby authorize the Company to automatically deposit my payroll check as indicated below and to initiate, if necessary, debit entries and/or adjustments for any credit entries in error to my account(s) listed below:

Primary Deposit		
Transaction:	ACCOUNT:	<input type="radio"/> Checking <input type="radio"/> Savings
<input type="radio"/> New		
<input type="radio"/> Cancel	Institution Name	_____
<input type="radio"/> Change	Institution City & State	_____
<input type="radio"/> No Change	My Account No.	_____
	Institution Transit No.	_____
AMOUNT TO BE DEPOSITED:	<input type="radio"/> Entire Check <input type="radio"/> Specific Amount \$ _____	
	<input type="radio"/> Percentage _____%	
<small>*If specific amount is chosen, the remainder of the check must be deposited to another account(s). Please complete the "Second Deposit" and if necessary, the "Third Deposit" sections(s)</small>		
Second Deposit		
Transaction:	ACCOUNT:	<input type="radio"/> Checking <input type="radio"/> Savings
<input type="radio"/> New		
<input type="radio"/> Cancel	Institution Name	_____
<input type="radio"/> Change	Institution City & State	_____
<input type="radio"/> No Change	My Account No.	_____
	Institution Transit No.	_____
AMOUNT TO BE DEPOSITED:	<input type="radio"/> Remainder <input type="radio"/> Specific Amount \$ _____	
	<input type="radio"/> Percentage _____%	
<small>*If specific amount is chosen, the remainder of the check must be deposited to another account(s). Please complete the "Second Deposit" and if necessary, the "Third Deposit" sections(s)</small>		
Third Deposit		
Transaction:	ACCOUNT:	<input type="radio"/> Checking <input type="radio"/> Savings
<input type="radio"/> New		
<input type="radio"/> Cancel	Institution Name	_____
<input type="radio"/> Change	Institution City & State	_____
<input type="radio"/> No Change	My Account No.	_____
	Institution Transit No.	_____
AMOUNT TO BE DEPOSITED:	<input type="radio"/> Remainder <input type="radio"/> Specific Amount \$ _____	
	<input type="radio"/> Percentage _____%	
<small>*If specific amount is chosen, the remainder of the check must be deposited to another account(s). Please complete the "Second Deposit" and if necessary, the "Third Deposit" sections(s)</small>		

Signature: _____

Date: _____

For each account you have indicated:

1. Attach a voided check. The check must show the transit number and your account number.
2. Please contact your institution to verify the transit number and account number.

Note: It may take two pay days for the automatic deposit authorization to be processed. The first pay day the institution is prenotified. The second pay day the check is automatically deposited.

If you have any questions, please call Payroll at (513) 326-6733.

Fax or email completed forms to Fax (513) 326-6708 payrollts@jrjnet.com