

**CheckWriters**  
**Direct Deposit Authorization**

Name (please print)

Emp #

Date

Company Name

I authorize CheckWriters and the Financial Institutions(s) listed below, to Deposit my pay automatically to the following account(s). I agree to indemnify and hold each participating Bank, NACHA, and CheckWriters harmless from any claim related to the operation of this plan arising from any act or omission of my Company or CheckWriters. These claims include any alleged loss as a result of non-credit of any deposit, and any claim which may be made as a result of the rejection of any of my debits because of insufficient funds arising from the failure to credit deposits to my account. In addition, I authorize adjusting entries as may be required.

<u>Bank Name</u>	<u>Bank Routing / ABA No.</u>	<u>Your Account No.</u>	<u>Account Type</u>	<u>Deposit Amount</u>
<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input style="width: 100%; height: 70px;" type="text"/>
<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input style="width: 100%; height: 70px;" type="text"/>
<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>	<input style="width: 100%; height: 70px;" type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input style="width: 100%; height: 70px;" type="text"/>

Your Financial Institution will be able to provide you with the proper Bank Routing / ABA number.

**Please attach a Cancelled or Voided Check for each Account listed.**

X \_\_\_\_\_  
**Signature**