

Company Name

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **ABC COMPANY** to initiate automatic deposits to my account at the financial institution named below. I also authorize **ABC COMPANY** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **ABC COMPANY** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **ABC COMPANY** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the **ABC COMPANY**.

Account Information

Name of Financial Institution: United Bank

Name on Account: John Doe

Routing Number: 061107515

Account Number: 12345678

Checking



Savings



Signature

Authorized Signature (Employee): _____ Date: _____

Authorized Signature (Company): _____ Date: _____

Please attach a voided check and return this form to **ABC COMPANY**.