

Authorization for Automatic Deposit

I hereby authorize **[Company/Organization Name]** to initiate automatic deposits to my account at the financial institution named below. I also authorize **[Company/Organization Name]** to make withdrawals from this account in the event that a credit entry is made in error.

Employee Name:

Bank Name:

Routing Number:

Account Number:

Account Type:

 Select ▾

Signature:

Date:

This authorization will remain in effect until I provide written notification to terminate the authorization in a timely manner.