



## Direct Deposit Agreement Form

I hereby authorize **Accounting & Finance Professionals (AFP)** to initiate automatic deposits to my account at the financial institution named below. I also authorize AFP to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold AFP 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 AFP receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Employee Name: \_\_\_\_\_

SS # \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please attach a voided check and return this form to the Payroll Department.