

**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DIRECT PAYROLL DEPOSIT**

I hereby authorize the payroll department to initiate payroll deposit entries and to initiate, if necessary, debit entries or adjustments for any deposit entries in error to my account.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Deposit entries are to be made to the following financial institution(s). Please attach a voided check(s) for checking accounts. For savings accounts, please attach a deposit slip.

Bank Name: \_\_\_\_\_  Checking  Savings (please check)  
If partial: \$ \_\_\_\_\_ % \_\_\_\_\_  
**Please attach voided check for checking accounts or a deposit slip for savings accounts.**

Bank Name: \_\_\_\_\_  Checking  Savings (please check)  
If partial: \$ \_\_\_\_\_ % \_\_\_\_\_  
**Please attach voided check for checking accounts or a deposit slip for savings accounts.**

Bank Name: \_\_\_\_\_  Checking  Savings (please check)  
If partial: \$ \_\_\_\_\_ % \_\_\_\_\_  
**Please attach voided check for checking accounts or a deposit slip for savings accounts.**

**Please note:** This form cannot be processed until your voided check(s) for checking accounts or your deposit slip for savings accounts are received.

This authorization will remain in effect until C2 receives written notification from me of its termination. Once notification has been received, a reasonable length of time is required to afford C2 and the financial institution time to process the termination.

\*Waive Direct Deposit – Employee completes to decline direct deposit. You will receive a check instead.

I decline the automatic direct deposit. I acknowledge receipt of a live check.

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