

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit adjustments for any credit entries in error to my (our) account or accounts listed below.

Include ALL deposit accounts.

NOTE: If using multiple accounts, designate a percentage of pay or fixed amount.

PERCENTAGES MUST ADD UP TO 100%

<u>FINANCIAL INSTITUTE NAME</u>	<u>*TRANSIT/ABA NO</u> <i>Nine digit number appears on the bottom of check</i>	<u>ACCOUNT NO</u>	<u>TYPE OF ACCOUNT</u>	
1.			Checking	Savings
	%	Amount \$		
2.			Checking	Savings
	%	Amount \$		
3.			Checking	Savings
	%	Amount \$		

The ESCNEO requires direct deposit for all employees with email notification.

EMAIL ADDRESS (for direct deposit notification): _____

The authority is to remain in full force until EMPLOYER has received written notification from me (or either of us) or its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME _____ DATE _____
(Please Print)

SIGNATURE _____

PLEASE INCLUDE A CANCELED CHECK SO TRANSIT ROUTING NUMBER & ACCOUNT NUMBERS CAN BE VERIFIED.