



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Include ALL deposit accounts.

**NOTE: If using multiple accounts, designate a percentage of pay or fixed amount.
PERCENTAGES MUST ADD UP TO 100%**

Account Type: <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
Financial Institution's Name: _____
Account Number: _____ ABA Routing Number: _____
Deposit Amount: _____ % OR \$ _____ (fixed amount)

Account Type: <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
Financial Institution's Name: _____
Account Number: _____ ABA Routing Number: _____
Deposit Amount: _____ % OR \$ _____ (fixed amount) OR <input type="checkbox"/> Remaining

Account Type: <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
Financial Institution's Name: _____
Account Number: _____ ABA Routing Number: _____
Deposit Amount: _____ % OR \$ _____ (fixed amount) OR <input type="checkbox"/> Remaining

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

EMAIL ADDRESS (for direct deposit notification): _____

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

NAME (Please Print) _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK SO TRANSIT ROUTING NUMBER(S) & ACCOUNT NUMBER(S) CAN BE VERIFIED