

Authorization Agreement for Direct Deposit

I authorize the above named company and the financial institution listed below to electronically deposit my pay to the specified account each pay day.

First Assist Branch:	<input type="text"/>	Date:	<input type="text"/>
Bank Name:	<input type="text"/>	Bank Branch:	<input type="text"/>
Bank Transit Number:	<input type="text"/>	Account Number:	<input type="text"/>

Account Status: New Account Account Change

***If you checked *Account Change* please respond to the following statement.**

I am changing my direct deposit account. Until the new account is activated:

Continue deposit to my old account

I want to receive a live check.

Account Type: Checking Savings

If monies to which I am not entitled are deposited to my account, I authorize First Assist, Inc., to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of employment with First Assist, Inc.

Employee Name (Please Print): _____

Signed By: _____

Date: _____

Please Note - you **MUST** attach a canceled check for checking accounts OR bank authorization forms for savings accounts before your request can be processed.