

1Source HR

Direct Deposit Company Authorization Agreement for Automatic (ACH) Credits

Date

Company Name

Branch #

Department #

Employee Name

Employee #

1.

ADD

DELETE

CHANGE

Checking Savings

Depository Name: _____

Depository Address: _____

Transit/ABA Number: _____

Account Number: _____

Amount to Deposit: \$ _____ (if net due, write net)

2.

ADD

DELETE

CHANGE

Checking Savings

Depository Name: _____

Depository Address: _____

Transit/ABA Number: _____

Account Number: _____

Amount to Deposit: \$ _____ (if net due, write net)

I hereby authorize 1Source HR to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the depository to credit and/or debit the same to such account.

Employee Signature

Date Signed

A VOIDED CHECK MUST BE ATTACHED TO ENSURE PROPER CREDIT