



# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

I hereby authorize Staker & Parson Companies and affiliates to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated. I also authorize the named depository to credit and/or debit the same to my account.

I understand that I will receive an earnings slip showing gross pay and itemized deductions each pay period.

- NEW ACCOUNT
- ACCOUNT CHANGE

- ADDITIONAL ACCOUNT
- ADDITIONAL ACCOUNT CHANGE

BANK NAME: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT #1: \_\_\_\_\_

ACCOUNT #2: \_\_\_\_\_

\_\_\_\_\_  
Transit/Routing/ABA Number

\_\_\_\_\_  
Transit/Routing/ABA Number

- Checking
- Savings

- Checking \$ \_\_\_\_\_
- Savings \$ \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY and/or BANK has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

<input type="checkbox"/> I elect to terminate Direct Deposit
SIGNATURE: _____
DATE: _____

<input type="checkbox"/> Received
Date: _____

<input type="checkbox"/> Entered
Date: _____

**A CHECK MARKED "VOID" IS REQUIRED FOR CHECKING ACCOUNTS FORWARD TO THE HUMAN RESOURCES DEPARTMENT**