

DIRECT DEPOSIT AUTHORIZATION AND INFORMATION WITH AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEPOSITS

COMPANY/EMPLOYER NAME: _____

NEW

REPLACEMENT

I (WE) AUTHORIZE **Data 2000** HEREINAFTER CALLED *COMPANY*, TO INITIATE CREDIT ENTRIES AND TO, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY (OUR) CHECKING AND/OR SAVINGS ACCOUNTS INDICATED BELOW AND THE DEPOSITORY NAMED BELOW, HEREINAFTER CALLED *BANK*, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT.

1ST BANK _____ BRANCH _____ YOUR ACCOUNT NO: _____

CITY _____ STATE _____ ZIP _____ ROUTING NO

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(NINE CHARACTERS – ALL NUMERIC)

ACCOUNT TYPE: *(SELECT ONE)* CHECKING SAVINGS AMOUNT \$ _____ OR _____ %

2ND BANK _____ BRANCH _____ YOUR ACCOUNT NO: _____

CITY _____ STATE _____ ZIP _____ ROUTING NO

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(NINE CHARACTERS – ALL NUMERIC)

ACCOUNT TYPE: *(SELECT ONE)* CHECKING SAVINGS AMOUNT \$ _____ OR _____ %

3RD BANK _____ BRANCH _____ YOUR ACCOUNT NO: _____

CITY _____ STATE _____ ZIP _____ ROUTING NO

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(NINE CHARACTERS – ALL NUMERIC)

ACCOUNT TYPE: *(SELECT ONE)* CHECKING SAVINGS AMOUNT \$ _____ OR _____ %

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL *COMPANY* HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD *COMPANY* AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON IT.

EMPLOYEE NAME _____ EMPLOYEE NO _____ (OPTIONAL)
(please print)

JOINT NAME _____
(please print)

EMPLOYEE SIGNATURE _____

DATE _____

JOINT SIGNATURE _____

DATE _____

YOU MUST ATTACH A VOIDED CHECK FOR CHECKING AND VERIFY SAVINGS ACCOUNT FROM YOUR BANK – NOT A DEPOSIT TICKET