




Credit/Debit Authorization Form

Authorization Agreement for Direct Deposit/Payment

I (we) hereby authorize _____ (“COMPANY”) to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Receiver Name(s)	
Financial Institution	
Routing Number (Look between the  symbols on the bottom left of the check)	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount (Specific or Variable Range, Blank for Direct Deposit Payroll)	

Receiver Signature _____

Date _____