



Direct Deposit Authorization Agreement

EMPLOYEE INFORMATION	
Employee Name	Daytime Phone Number

DIRECT DEPOSIT AGREEMENT

I hereby authorize _____ to initiate automatic deposits to my account at the financial institution named below. In addition, I authorize withdrawals from this account in the event a credit entry is made in error.

I agree not to hold the company named above responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the company above receives written notice of cancellation from me or my financial institution, or I submit a new direct deposit form to the Payroll Department.

FINANCIAL INSTITUTION INFORMATION		
Financial Institution SAFE Credit Union 2295 Iron Point Road, Suite 100 Folsom CA 95630-8765	Routing Number 321173742	Financial Institution Phone Number (916) 979-7233 (800) SEE-SAFE

ACCOUNT INFORMATION AND AUTHORIZATION

Checking Account ACH # _____

Savings / Money Market Account ACH # _____

Select one: New Deduction Increase Deduction Decrease Deduction

I hereby authorize the specified company to send my: Payroll Check Allotment of \$ _____ Annuity

By signing below, I acknowledge, consent, and agree to the terms and conditions outlined in this Agreement.

Authorized Signer Name	Authorized Signer Signature	Date
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VOIDED CHECK

Attach voided check here