

ATTACH VOID CHECK / CHECKS TO THIS AGREEMENT  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

Phone: (301) 770-6069  
Phone: (301) 770-6093

Fax: (301) 770-6821  
Fax: (301) 770-6826

Employer Name: \_\_\_\_\_ Employer ID #: \_\_\_\_\_

I hereby authorize my employer \_\_\_\_\_ to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

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1)	Name of bank savings & loan or credit union	Type of Account
	Routing and Transit Number	<input type="checkbox"/> Checking
	Account Number	Percent of net pay amount _____ % or fixed amount \$ _____
		<input type="checkbox"/> Savings
		Percent of net pay amount _____ % or fixed amount \$ _____

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2)	Name of bank savings & loan or credit union	Type of Account
	Routing and Transit Number	<input type="checkbox"/> Checking
	Account Number	Percent of net pay amount _____ % or fixed amount \$ _____
		<input type="checkbox"/> Savings
		Percent of net pay amount _____ % or fixed amount \$ _____

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3)	Name of bank savings & loan or credit union	Type of Account
	Routing and Transit Number	<input type="checkbox"/> Checking
	Account Number	Percent of net pay amount _____ % or fixed amount \$ _____
		<input type="checkbox"/> Savings
		Percent of net pay amount _____ % or fixed amount \$ _____

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This authority is to remain in full force and effect until EMPLOYER has received written notification from me (or either of us) of its termination in such time and manner as to afford EMPLOYER a reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ (PLEASE PRINT) Employee ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Employee \_\_\_\_\_

