

## Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, St. Stephen's Episcopal School, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

### Employee Information

Employee Name (please print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Circle One    Begin Deposit                  Change Information                  Cancel

Checking (Attach Void Check    Deposit (Check one)  \$ \_\_\_\_\_ .00     \_\_\_\_\_ % Net     Entire Net Pay

Savings (Attach Bank deposit slip) Deposit (Check one)  \$ \_\_\_\_\_ .00     \_\_\_\_\_ % Net     Entire Net Pay

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Attach Void Check Here**