



Direct Deposit Agreement

Employee Name. _____ **SSN** _____

FINANCIAL INSTITUTION		
Name	Transit/ABA No.	
City	State	Zip
Account No.	<input type="checkbox"/> Checking <small>(Attach voided check)</small>	<input type="checkbox"/> Savings <small>(Attach deposit slip)</small>

○ **Authorization**

I hereby authorize AcctKnowledge to initiate direct deposit payroll credit entries to my checking/ savings account indicated above and the Financial Institution above to post the same to such account.

This authorization is to remain in force until AcctKnowledge receives notice of cancellation from me (see below). The notice of cancellation must be received at least 14 days prior to cancellation and in such a manner as to afford AcctKnowledge reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by AcctKnowledge prior to the receipt of the notice of cancellation. Confirmation of receipt of a cancellation notice is the responsibility of the employee.

I further authorize AcctKnowledge to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

○ **Cancellation**

I hereby cancel the authorization for AcctKnowledge to originate direct deposit payroll entries to my checking/savings account indicated above, effective _____.

Signed _____ Date.

○ **Declination**

I have been offered the opportunity to enroll in Direct Deposit but I elect not to participate at this time.

SIGN HERE IF YOU CHOOSE NOT TO ENROLL:

Signed _____ Date _____

FOR OFFICE USE ONLY:

Prenoted: (date) _____ Activated: (date) _____ Processed by: .