

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT
(ACH CREDIT)**

Insert Hospital Name Here utilizes *automatic deposit* as an optional payroll distribution method. To initiate this option please enter the information requested and return this form to the **Human Resources Department**.

NAME: _____ **Social Security Number:** _____

I (we) hereby authorize Insert Hospital Name Here to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository/bank listed below.

Name of Depository/Bank: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Please choose only ONE of the following accounts:

- Checking Account Number:** _____
Please staple a voided check to this form. (Not a deposit slip)
- Savings Account Number:** _____
Please staple a deposit slip to this form.
- Pay Card Number:** _____
Please staple completed pay card form

This authority is to remain in full force and effect until Insert Hospital Name Here receives written notification from me of its termination in such time and in such manner as to afford the **Human Resources Department** and the depository/bank to have a reasonable opportunity to act on it. I understand that the hospital reserves the right to cancel the automatic deposit option.

Signature of Employee: _____ **Date:** _____

<p>Please accept this written authorization to stop automatic deposits to:</p> <p>Checking Account Number: _____</p> <p>Savings Account Number: _____</p> <p>Signature: _____ Date: _____</p>
