



DIRECT DEPOSIT AGREEMENT FORM

I hereby authorize Essential Employment to initiate automatic deposits to my account at the financial institution named below. I also authorize Essential Employment to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Essential Employment 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 Essential Employment receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

Name of Financial Institution: _____

Routing Number: _____ Checking _____

Account Number: _____ Savings _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

SUBMIT A VOIDED CHECK OR ACCOUNT VERIFICATION FORM BY YOUR FINANCIAL INSTITUTION

Attach voided check with packet

___ Decline Direct Deposit

Print Name: _____
Direct Phone #: _____
Date: _____
Mm/dd/yyyy