

Gorman Learning Center

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

BEGIN

CHANGE

CANCEL

I hereby authorize my employer, Gorman Learning Center, 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 Gorman Learning Center to my account. In the event that Gorman Learning Center deposits funds erroneously into my account, I authorize Gorman Learning Center to debit my account for an amount not to exceed the original amount of the erroneous credit.

EMPLOYEE INFORMATION

Employee # _____

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

CHECKING I wish to deposit (choose one) \$ _____ or _____ %

**** Attach a voided check or bank specification sheet below

CHECKING I wish to deposit (choose one) \$ _____ or _____ %

**** Attach a voided check or bank specification sheet below

SAVINGS I wish to deposit (choose one) \$ _____ or _____ %

**** Attach a bank specification sheet or a deposit slip below

**** If attaching a deposit slip, please call your bank to find the following:

(Deposit slips are acceptable for savings accounts ONLY!)

1. Routing and transit number _____
2. Account number _____

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

Employee Signature _____ Date: _____

The numbers on the bottom of your check
are used to make the electronic funds transfer
directly to your account

ATTACH VOIDED CHECK HERE