

## <u>amily Service Foundation, Inc</u>

## Serving Suburban Maryland, Metro Baltimore, Western Maryland, & the Eastern Shore

## **Direct Deposit Agreement Form**

## **Authorization Agreement**

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

Further, I agree not to hold Family Service Foundation, Inc. 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. I understand that my deposit may not be credited to my account until the pay date indicated on the check youcher. I am also aware that there will be a waiting period of 10 days or at least 2 pay periods for the direct deposit to take effect. This agreement will remain in effect until Family Service Foundation 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. Establish new direct deposit ☐ Change an existing account(s) ☐ Cancel (check one box only) **Account Information** Name of Financial institution: City & State. Zip Code Full n Routing **Partial Amount:** Number: Account Checking Savings Number: For Checking Accounts ONLY: Please attach a voided check to the space below. Andrew Sample 1234 Martha Sample 123 Main Street Anywhere, NY 10000 .20 المراجعة والمستر Pay to the Order of\_ Dollars Anywhere Bank Anywhere NY 10000 For ACCOUNT NUMBER CHECK 120015005 1010120001 1234 Employee Signature: Date: \_\_\_\_

Please print Name:

Date: