

## Direct Deposit Agreement Form

Check one:     New Enrollment     Change Account Information     Delete from Program

### Authorization Agreement

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

Further, I agree not to hold Pro Tem Service 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 Pro Tem Service 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.

### Checking Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Social: \_\_\_\_\_

Email for pay stub: \_\_\_\_\_

**\*\*\*Please attach a voided check or a direct deposit form from your financial institution and return this form to the Payroll Department.\*\*\***