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Direct Deposit Agreement Form

Authorization Agreement

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

Further, I agree not to hold **GreenSlate** 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 **GreenSlate** 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.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking ("X")

Savings ("V")

Signature

Print Name (Primary) _____ **Date:** _____

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a direct deposit form issued by your bank or a voided check and return this form to the Payroll Department.