



Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

I hereby authorize **Hughey's Debits and Credits, LLC** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Hughey's Debits and Credits, LLC** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Hughey's Debits and Credits, LLC** 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 **Hughey's Debits and Credits, LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Hughey's Debits & Credits, LLC.

Authorized signature: _____

Job Title: _____

Print name: _____

Date: _____