



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Plan Advisors** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Plan Advisors 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 Plan Advisors 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 | ☐ Savings

Address and Signature

Name or Agency Name for 1099: _____

SSN or Tax ID (for 1099): _____

Agent or Agency Street Address: _____

Agent City, State, Zip: _____

Email for contact: _____

Authorized Name (Print Name): _____

Authorized Signature (Primary): _____ Date: _____

Authorized Name (Print Name) _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.