

**Be sure to attach a deposit slip or a voided blank check here and return to EMPLOYEE RELATIONS.

DIRECT DEPOSIT ENROLLMENT FORM

TOURO INFIRMARY

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) authorize TOURO INFIRMARY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

(First group on numbers on your check)

This authority is to remain in full force and effect until TOURO INFIRMARY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford TOURO INFIRMARY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ EMPLOYEE
ID NUMBER _____

(Please Print)

DATE _____ SIGNED X _____ SIGNED X _____