



**DIRECT DEPOSIT AGREEMENT FORM**

---

**Authorization Agreement**

---

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

Further, I agree not to hold Neese Personnel 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 Neese Personnel 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 on Account: \_\_\_\_\_

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

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

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

- Checking
- Savings

---

**Signature**

---

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_