



DIRECT DEPOSIT OF PAYROLL

Employee Authorization Agreement
For Automatic Deposits

Company: _____

Employee: _____

The undersigned hereby authorizes CFO Colorado and its authorized agents, to initiate credit/debit entries for payment of payroll, and if necessary, adjusting credit/debits for entries made in error or entries requiring reversals due to returned items into the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to and from said account. This authorization is to remain in full force and effect unless the undersigned provides written request for termination of automatic deposit in such time and manner as to afford CFO Colorado reasonable time to act on it.

Banking Information:

Bank Name: _____ Branch: _____

Bank Address: _____

City, State and Zip

Account Type: Checking Savings

Transit/ABA Routing Number: _____

Account Number: _____

Direct Deposit will NOT be processed without a legible Voided check or a Direct Deposit Enrollment form from your bank.

Signature: _____

Date: _____