

# Bangor

## Authorization Agreement for Direct Deposits

\_\_\_\_\_  
(Employer's Name)

I (we) hereby authorize and request Bangor Payroll to make payments of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the BANK named below hereinafter called BANK and I (we) authorize and request BANK to accept any credit entries initiated by Bangor Payroll to such account and to credit the same to such account without the responsibility for the correctness thereof. In the event of an overpayment or payment in error, I (we) hereby authorize Bangor Payroll to initiate debit entries to my (our) account in the amount of such payment in error.

Bank Name: _____
Bank Address: _____
_____
_____

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to Bangor Payroll or BANK. Any such notification to Bangor Payroll shall be effective only with respect to entries initiated by Bangor Payroll after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

Employee Name: _____
Date: ____/____/____
Signature: _____

Depositor account number information: (to be used for electronic funds transfer)

Transit Routing # _____	(Use all 9 digits)
Account # _____	
Please check one:    Checking _____	Savings _____
<input type="checkbox"/> Specific Amount \$ _____	<input type="checkbox"/> Deposit Net Amount of Check
<input type="checkbox"/> Discontinue Deposit to this Account	<input type="checkbox"/> Change Deposit Amount from \$ _____ to \$ _____

Return completed form to employer for submission to Bangor Payroll