



**DIRECT DEPOSIT
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

Company Name _____ Company ID Number: 54-0974022

I hereby authorize New Horizons and the Financial Institution named below, hereinto call "Depository" to initiate deposits and to correct, if necessary, debit entries and adjustments for any deposit in error to my checking/savings account indicated below:

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____

For transit/ABA number and account number, please attach a voided check for checking accounts or a deposit slip for savings accounts.

This authority is to remain in full force and effect until New Horizons Regional Education Center has received written notification from me of its termination in such time and in such manner as to afford New Horizons Regional Education Center and "Depository" a reasonable opportunity to act on it.

Name _____ Employee Number _____

Social Security Number _____ Type Account _____ Checking _____ Savings _____

Signed _____ Date _____

If you have an account with a credit union, **YOU** must get a form from your credit union and attach it to this form.

If you already have direct deposit you **DO NOT** have to fill out a new form Unless you are changing banks.

Attach voided check (checking accounts) or deposit slip (savings accounts) here