

**First Presbyterian Church of Grand Haven, MI**  
**Authorization Agreement for Automatic Payroll Deposits**

I hereby authorize my employer to initiate credit entries to the following account(s) for the amount(s) indicated below and the Financial Institution(s) listed below to credit the same to such account(s). I also understand my employer reserves the right to originate a debit transaction to correct an error on the credit transaction. The authority is to remain in full force and effect until my employer has received written notification from me of its termination. In such case, I must provide my employer a reasonable opportunity to act on it.

**Please check & complete one of the following:**

<b>Direct Deposit to Checking Account</b>		<input type="checkbox"/>
Bank Name	_____	<b>Direct Deposit Options:</b> <input type="checkbox"/> Deposit net pay or excess of net pay after other options. <input type="checkbox"/> Deposit a fixed amount _____
Bank Routing/ABA #	-----	
Checking Account #	_____	

**OR**

<b>Direct Deposit to Savings Account</b>		<input type="checkbox"/>
Bank Name	_____	<b>Direct Deposit Options:</b> <input type="checkbox"/> Deposit net pay or excess of net pay after other options. <input type="checkbox"/> Deposit a fixed amount _____
Bank Routing/ABA #	-----	
Savings Account #	_____	

**Please attach the following:**

- Photocopy of check for direct deposit to your checking account.
- Deposit slip for direct deposit to your savings account.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (please print)