



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize FW Consulting DHFS (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit entries indicated by COMPANY to my account. In any event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name (please print) _____ SS# _____ - _____ - _____

Employee email address _____ Telephone number _____

ACCOUNT: Checking _____ Savings _____

Financial Institution's Routing Number (ABA#): _____

Account Number: _____

This authority will remain in effect until I have canceled it in writing.

Signature: _____ Date: _____

**ATTACH COPY OF VOIDED CHECK FOR CHECKING ACCOUNTS
AND/OR BANK LETTER FOR SAVINGS ACCOUNTS**

Please be sure to keep your bank information up to date.

A \$35.00 fee will be charged for each rejected ACH transaction.