



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Newaygo County RESA

NC RESA EIN:

38-1717623

Please enter below the bank account(s) information you would like your pay check to be deposited into. Check whether it is a checking or savings account and include the dollar amount you would like deposited for all accounts other than the first listed, which will be where the balance of your check will be deposited.

Net check:		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Routing Number: _____	Account Number: _____	
Bank Name & Address: _____		
Additional Deposits:		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Amount: _____
Routing Number: _____	Account Number: _____	
Bank Name & Address: _____		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Amount: _____
Routing Number: _____	Account Number: _____	
Bank Name & Address: _____		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Amount: _____
Routing Number: _____	Account Number: _____	
Bank Name & Address: _____		
Health Savings Account (HSA ONLY) Deposits:		
		Amount: _____
Routing Number: _____	Account Number: _____	
Bank Name & Address: _____		

I authorize NC RESA to deposit my entire pay automatically each pay period to the designated account(s) listed above. This authority is to remain in full force and effect until NC RESA has received notification from me of its termination in such time and in such manner as to afford NC RESA and DEPOSITORY a reasonable opportunity to act on it.

Employee Name

Employee Signature

Date