



PRINT EMPLOYEE NAME: _____

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize HRST, Inc. to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold HRST, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until HRST, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

(1) Name of Financial Institution: _____

☐ Checking | ☐ Savings Amount _____ or Percentage _____

Routing Number: _____

Account Number: _____

(2) Name of Financial Institution: _____

☐ Checking | ☐ Savings Amount _____ or Percentage _____

Routing Number: _____

Account Number: _____

(3) Name of Financial Institution: _____

☐ Checking | ☐ Savings Amount _____ or Percentage _____

Routing Number: _____

Account Number: _____

Employee Signature: _____ **Date:** _____