



**Payroll Deposit AUTHORIZATION AGREEMENT**

I hereby authorize Contractor Service & Fabrication, Inc. (CSFCO), hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) as indicated below.

Further, I agree not to hold CSFCO 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 the named account.

This agreement will remain in effect until my employment terminates or CSFCO receives a written notice of cancellation from me or my financial institution or until I submit a new form to the Payroll Department.

**Account #1**

Account type: \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Institution Name: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Holder (if not employee): \_\_\_\_\_

Percentage or Amount to be deposited into this account: \_\_\_\_\_

**Account #2**

Account type: \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Institution Name: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Holder (if not employee): \_\_\_\_\_

Percentage or Amount to be deposited into this account: \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

**A VOIDED CHECK MAY BE ATTACHED**