

# Direct Deposit Authorization Form

Please print and complete ALL the information below.

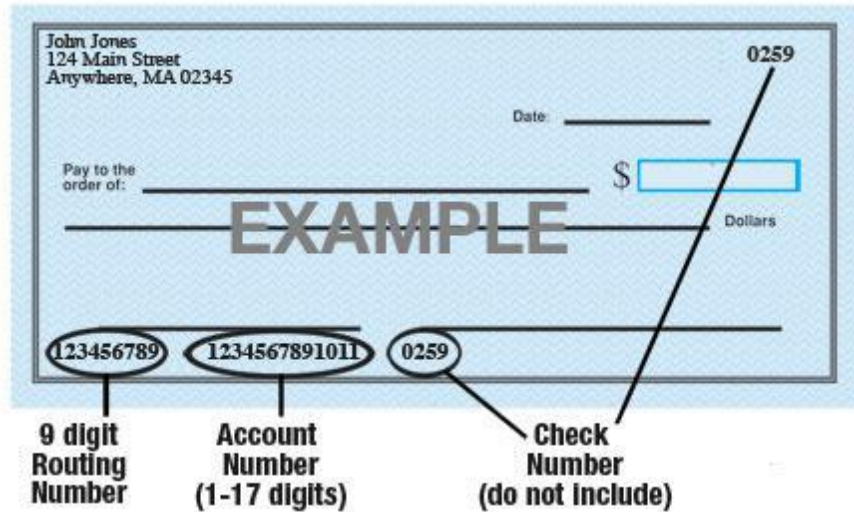


Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Department \_\_\_\_\_

Social Security Number \_\_\_\_\_



I authorize a new direct deposit account       I want to update my previously authorized account information

I want to cancel my previously authorized direct deposit

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_ 9-Digit Routing #: \_\_\_\_\_

Amount:     \$ \_\_\_\_\_     \_\_\_\_\_ % or     Entire Paycheck

Type of Account:    Checking    Savings    (Circle One)

*Please attach a voided check for each bank account to which funds should be deposited.*

I hereby authorize **Metropolitan Foods dba Driscoll Foods** to initiate automatic deposits to my account at the financial institution named above. I also authorize **Metropolitan Foods dba Driscoll Foods** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Metropolitan Foods dba Driscoll Foods** responsible for any delay I 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 **Metropolitan Foods dba Driscoll Foods** 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.

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

Date: \_\_\_\_\_