Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, YUGO MINISTRIES, INC. 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 any credit entries indicated by YUGO MINISTRIES, INC. to my account. In the event that YUGO MINISTRIES, INC. deposits funds erroneously into my account, I authorize YUGO MINISTRIES, INC. to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Information:

Employee Name (Please Print): _____

Social Security: _____

I wish to: **G** Begin Deposit **G** Change Information **G** Cancel **G** Effective Date: _____

Bank Name: _____

Checking Acct. # (Include Routing Transit #) _____

G $ _____.00 or **G** Entire Net Pay

Savings Acct. # (Include Routing Transit #) _____

G $ _____.00 or **G** Entire Net Pay

This authorization is to remain in full force and effect until YUGO MINISTRIES, INC. and BANK have received written notice from me of it's termination in such time and in such manner as to afford YUGO MINISTRIES, INC. and BANK a reasonable opportunity to act on it. A letter of resignation will also serve to cancel this agreement between YUGO MINISTRIES and me.

Employee Signature: _____ Date

Company – Office Use only

Company Signature: _____ _____ _____
Title Date

G I have received and set up the direct deposit requested.

Entered into Banking System: _____
Date

Test Penny Deposit Entered: _____ Verified by Employee: _____
Date Date

Please attach a VOIDED Check and/or Bank Direct Deposit Set Up form to this form.