## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Computercraft Corporation to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize Computercraft Corporation to make withdrawals from this account in the event that a credit entry is made in error.

This agreement will remain in effect until Computercraft Corporation 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.

### Personal Information

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |

### Account Information

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution: |  |  |
| Routing Number: |  |  |
| Account Number: |  | Checking |  Savings |
| $ Amount (only if multiple): |  |  |

### Account Information

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution: |  |  |
| Routing Number: |  |  |
| Account Number: |  | Checking |  Savings |
| $ Amount (only if multiple): |  |  |

### Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature: |  | Date: |  |