

## Direct Deposit Authorization

I (we) hereby authorize UNCLE REMUS REGIONAL LIBRARY (THE COMPANY) to initiate payroll entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(MY BANK)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State & Zip)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

Amount: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

(Look between these symbols | : | on the bottom left of your check)

(ATTACH A CANCELLED CHECK OR DIRECT DEPOSIT ENROLLMENT FORM  
FROM YOUR FINANCIAL INSTITUTION.)