



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize OpalStaff to initiate automatic deposits to my account at the financial institution named below. I also agree not to hold OpalStaff 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 my account.

This agreement will remain in effect until OpalStaff 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.

### Account Information

#### Bank Account #1

Routing Number: \_\_\_\_\_

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

% or \$ of Net \_\_\_\_\_

Checking

Savings

#### Bank Account #2

Routing Number: \_\_\_\_\_

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

% or \$ of Net \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or bank letter and return this form to the Payroll Department.