

# Direct Deposit via ACH Authorization

<< Enter the name of your company here >>

I authorize \_\_\_\_\_, hereinafter called "Company," to initiate credit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to credit the same account. I also authorized Company to electronically debit my account to correct erroneous credits that are received. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.

## Primary Account (Deposit Net Pay)

Financial Institution Name:	_____		
City _____	State _____	Zip _____	
Routing Number _____			
Account Number _____			
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

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

Print Individual Name: \_\_\_\_\_

Individual ID Number, if applicable: \_\_\_\_\_

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

If checked, attach a copy of a voided check or proof of account ownership to this form

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