

Coastal Plain Area Economic Opportunity Authority



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Coastal Plain Area EOA**, to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Coastal Plain Area EOA** 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.

I understand that after signing up for direct deposit information can only be changed or stopped at the beginning of the calendar year and no time after that.

This agreement will remain in effect until **Coastal Plain Area EOA** 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.

Direct Deposit will begin after account information has been verified.

Account Information

Name of Financial Institution: _____

Routing Number: _____	Account Number: _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Amt. \$
Routing Number: _____	Account Number: _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Amt. \$

Signature

Employee Signature: _____ Date: _____

An original voided check must be presented along with this direct deposit application. No copies, faxes or deposit slips will be accepted. Please submit to the Payroll Department.