

# DIRECT DEPOSIT AUTHORIZATION FORM

New Agreement       Change Account       Cancel Agreement

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Sentech/Skilled Trade Services, Inc. to make deposits (and appropriate debit adjustment entries) into the account indicated below. It is agreed that these deposits may be made electronically and authorizes the financial institution holding the account to post such entries. This authorization will remain in effect until written notice of termination is given to the company.

*Select One:*       Checking Account       Savings Account

### Financial Institution:

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing/Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

### Employee Information:

Employee Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_

I understand that it is my responsibility to verify that my account has been credited with the correct deposit amount before conducting any withdrawals or writing any checks against same.

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

**---- A Voided Check or a Direct Deposit Set Up Form from bank MUST be provided ----**

Form will not be processed without information below

**ATTACH VOIDED CHECK HERE**