



**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize **Waits & Company** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Waits & Company** 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 **Waits & Company** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to **Waits & Company**.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

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

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

Checking

Savings

**Signature**

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

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

**Please attach a voided check or deposit slip and return this form to Waits & Company.**

\*\*\*Please note you will receive one or more negotiable checks before direct deposit will go into effect\*\*\*