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DIRECT DEPOSIT AUTHORIZATION AGREEMENT

CHANGE: **NEW:**

COMPANY NAME: _____ **EMPLOYEE NO:** _____

I hereby authorize (COMPANY NAME), hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

DEPOSITORY NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK TRANSIT NO: _____ **ACCOUNT NO:** _____

CHECKING ACCOUNT AMOUNT: _____ **OR %:** _____

SAVINGS ACCOUNT AMOUNT: _____ **OR %:** _____

This authority is to remain in full force and effect until COMPANY has received written notification from me on its termination in such time and in such manner as to afford COMPANY a reasonable time to act on it.

NAME (Print): _____ **SSN:** _____

Employee Preferred Email for VMR paystub _____

SIGNATURE: _____ **DATE:** _____

CO-SIGNATURE: _____ **DATE:** _____

(If joint acct.)

NOTE: In order to validate proper account information, please attach a voided check if depositing to a checking account or a blank deposit slip if depositing to a savings account. A separate form should be completed for each checking and/or savings account being deposited to.

Local People...Local Headquarters...Local Service...Local Value!

Attach voided check for checking account

OR

Attach deposit slip for savings account