



### Authorization Agreement for Direct Deposit of Payroll

New     Change     Cancel (Check one)

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS Number: \_\_\_\_\_

**\*\* THIS AUTHORIZATION IS NOT VALID UNLESS ACCOMPANIED BY A VOIDED CHECK (for checking account only) on the account chosen to receive the direct deposit. Photocopies of a check or deposit tickets are not acceptable.**

Type of Account:     Checking     Savings (Check one)

Name of Financial Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(9Digits)

Deposit Amount: (Check one)  
 Deposit Net Amount     Deposit \$ \_\_\_\_\_ per payroll     Deposit \_\_\_\_\_% of Net per Payroll

Type of Account:     Checking     Savings (Check one)

Name of Financial Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(9Digits)

Deposit Amount: (Check one)  
 Deposit Net Amount     Deposit \$ \_\_\_\_\_ per payroll     Deposit \_\_\_\_\_% of Net per Payroll

I hereby authorize Adams Keegan, Inc. to initiate Direct Deposit of my payroll and to credit or debit my account as necessary to place the correct net payroll amount into my account as indicated above. I further authorize the depository named to debit or credit to my account the transactions initiated by Adams Keegan, Inc. This authority shall remain in effect until I have filed a new authorization, until revoked by me in writing, or upon termination of my employment with said company and in such manner as to afford Adams Keegan a reasonable opportunity to act upon it.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM TO:**  
Adams Keegan, Inc.  
6055 Primacy Parkway, Suite 300  
Memphis, TN 38119

Revised 03/31/04