



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

***If completing online Adobe Reader is required. If completed by hand MUST print clearly.***

Employee name: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(First 5 letters of last name+last 4 of SS#) eg: SMITH5678

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

Telephone #: \_\_\_\_\_

I authorize THE TALENT FUND, INC. (COMPANY) to initiate credit entries to my Account indicated below at the depository financial institution (DEPOSITORY) named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking Account      Savings Account

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

Employee Signature: \_\_\_\_\_

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