



# Direct Deposit

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5800 Monroe St, Suite D Sylvania, OH 43560 Phone:(419) 885-2151 Fax:(419) 885-7074

## Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Phoenix services, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**I understand that it will take up to two banking days for the funds to be available in my account.**

### BANK INFORMATION

**\*\*To be assured of timely direct deposit authorization, please provide documented proof of account information such as a void check or direct deposit form from your bank.**

Bank Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

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

Routing/Transit/ABA Number: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_