

Woods Powr-Grip - Direct Deposit Agreement Form (Single Account)

Directions

1. Mark the box below for the type of account to indicate whether your pay will be deposited in your checking or savings account. Fill in your name.
2. Fill in the financial institution name, branch, city and state. If depositing entire amount into one account please fill out the bottom of this sheet. If you would like to have different amounts deposited into different accounts please fill out the back sheet. On the back sheet for each account fill out all the account information and put the corresponding amount you would like deposited on the amount line.
3. Attach a voided check or deposit slip for verification of all financial institution information.

Note: Please be sure to sign and date the form.

<i>John Doe</i> <i>Mary Doe</i> 123 Pear Lane Anyplace, WI 20000	1234 15-000000000
PAY TO THE ORDER OF _____ \$ _____ DOLLARS	
ANYPLACE BANK Anyplace, WI 20000 For _____	
:250250025 : 202020086 11 1234	

Routing Number Account Number Check Number

Authorization Agreement

I hereby authorize Woods Powr-Grip to initiate automatic deposits to my account at the financial institution named below. I also authorize Woods Powr-Grip to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold Woods Powr-Grip 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 Woods Powr-Grip receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Checking

☐

Savings

☐

Name: _____

Financial Institution: _____

Branch: _____ City & State: _____

Routing Number:

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Account Number:

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Signature: _____ Date: _____

Attach a voided check or deposit slip for this account and return to the Payroll Department.

Woods Powr-Grip - Direct Deposit Agreement Form (Multiple Accounts)

Authorization Agreement

I hereby authorize Woods Powr-Grip to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize Woods Powr-Grip to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold Woods Powr-Grip 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 Woods Powr-Grip receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

☐ **Checking**
☐ **Savings**
 Name:

Financial Institution: _____

Branch: _____ **City & State:** _____

Amount:

Routing Number:

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[illegible]

Account Information

Checking Savings Name:

Financial Institution:

Branch: _____ City & State: _____

Amount:

Routing Number:

:								:
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Account Number:

Account Information

Checking Savings Name:

Financial Institution: _____

Branch: _____ **City & State:** _____

Amount: _____

Routing Number:

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Account Number:

Signature: _____ **Date:** _____

Attach a voided check or deposit slip for each account listed and return to the Payroll Department.