



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Client Company: \_\_\_\_\_

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

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

I request my payroll direct deposit be placed in the following account(s):

BANK	BANK ABA NUMBER	ACCOUNT NUMBER	\$ AMT OR %	TYPE
_____	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize Pinnacle to credit or debit amount(s), to my account with the Financial Institution indicated above. This authority is to remain in full force and effect until Pinnacle has received written and signed notification from me of its termination. The termination will occur in such time and manner as to afford Pinnacle and the Financial Institution a reasonable opportunity to act on it.

In the event funds are deposited erroneously into my account(s), I authorize Pinnacle to debit my account(s) not to exceed the original amount of the credit.

I understand that Pinnacle reserves the right to refuse a direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH) and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

\*NOTE\* Please allow at least one pay cycle for processing.

\_\_\_\_\_  
Client Employee Signature

\_\_\_\_\_  
Date

**\*\*It is MANDATORY that you must submit a VOIDED CHECK or PRINT OUT FROM YOUR FINANCIAL INSTITUTION verifying your account and routing number for each bank account listed above. \*\***

**NOTE: Deposit slips will not be accepted or processed**