

# Authorization Agreement For Automatic Deposits "ACH Credits"



**Company Name:** Greater Opportunities

I (we) \_\_\_\_\_ (Employee) hereby authorize **Greater Opportunities** (Employer) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below at the depository named below, hereinafter called "Depository", to credit and/or debit the same to such account.

## Account Information\*

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

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

Transit / ABA # : \_\_\_\_\_

Transit / ABA # : \_\_\_\_\_

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

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

Checking or Savings (circle one)

Checking or Savings (circle one)

HSA- Single or Family

HSA- Single or Family

Amount: \_\_\_\_\_

Amount: \_\_\_\_\_

(To deposit the Net Check write "All")

(To deposit the Net Check write "All")

## Account Information\*

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

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

Transit / ABA # : \_\_\_\_\_

Transit / ABA # : \_\_\_\_\_

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

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

Checking or Savings (circle one)

Checking or Savings (circle one)

HSA- Single or Family

HSA- Single or Family

Amount: \_\_\_\_\_

Amount: \_\_\_\_\_

(To deposit the Net Check write "All")

(To deposit the Net Check write "All")

This authority is to remain in full force and effect until \_\_\_\_\_ Greater Opportunities \_\_\_\_\_ (Employer) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

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

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

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



## Direct Deposit Form

Greater Opportunities, Inc. offers Direct Deposit with any Bank or Credit Union.

**To enroll in the Direct Deposit, please go to your bank or credit union and ask for a bank letter stating your complete account information, attach a voided check to this form, or complete one of their Direct Deposit form and have them fill it out.**

Return your bank/credit union's form along with the Authorization Form below to the Human Resources Department at Greater Opportunities.

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## Direct Deposit Authorization

I hereby authorize my employer, Greater Opportunities (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank"). Further, I authorize the Bank to accept and to credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my accounts, I authorize the company to debit my account to the amount not to exceed the original amount of the erroneous credit.

This authorization is to remind in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner, as to afford Company and Bank reasonable opportunity to act on it.

Employee Name (please print): \_\_\_\_\_

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

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