



Valley Collaborative

Central Administration Office

40 Linnell Circle, Billerica MA 01821 * Tel: (978)-528-7800 * <http://www.valleycollaborative.org>

Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, Valley Collaborative (hereinafter COMPANY) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name (please print): _____

Bank Name: _____

Account 1: I wish to deposit (amount) \$ _____ (or) entire net pay

Checking

Savings

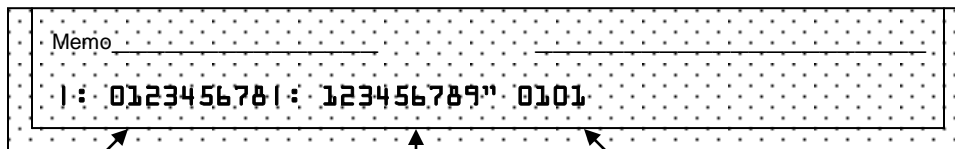
Routing Number _____ Account Number _____

Account 2: I wish to deposit (amount) \$ _____ (or) entire net pay

Checking

Savings

Routing Number _____ Account Number _____



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check - not needed for sign-up)

This authorization is to remain 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 a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

***** A voided check or bank letter with your routing number and account number is REQUIRED*****