

# DIRECT DEPOSIT PAYROLL

## AUTHORIZATION

By signing this form you authorize **Reeves Foundation, LLC** to directly deposit your net payroll into your bank account.

I certify that I am the owner, or joint owner, of the account designated and am entitled to provide this authorization. I authorize **Reeves Foundation, LLC** to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed below. **This authorization will remain in effect until Reeves Foundation, LLC receives written notice of direct deposit termination from me**, in such time and manner as to afford reasonable opportunity for **Reeves Foundation, LLC** and the Financial Institution to act on it. I understand that the very earliest I can expect my checking or savings account to be credited will be on payday. Also, if I change or terminate my checking or savings account without notifying **Reeves Foundation, LLC** in writing, I understand that my pay may be delayed. This authorization may be discontinued only by my written request, or automatically within 30 days following my termination of all employment with **Reeves Foundation, LLC**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Any and all changes (start, stop, change) will take one pay period to take effect from the date of the change submitted to Harrington Tax & Accounting, Inc.**

- START** depositing my net earnings into my checking or savings account (see below).
- STOP** depositing my net earnings into my checking or savings account (see below).
- CHANGE** my bank(s) and checking or account number as shown below.  
*My net earnings are now being deposited*

## BANKING INFORMATION

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Savings       Checking

Email: \_\_\_\_\_

