

Please attach a "VOIDED" check for each bank account; agreement will not be processed unless all documentation is attached.



Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize Crump Insurance Services, Inc. to initiate credit entries and to initiate debit entries (if necessary to correct errors) to my checking and/or savings accounts.

Initial Authorization Change in Authorization

Bank Name _____	<input type="checkbox"/> Savings	Amount of \$ _____	or	<input type="checkbox"/> Net Check
	<input type="checkbox"/> Checking	Amount of \$ _____	or	<input type="checkbox"/> Net Check
Routing Number _____ Account # _____				

Bank Name _____	<input type="checkbox"/> Savings	Amount of \$ _____		
	<input type="checkbox"/> Checking	Amount of \$ _____		
Routing Number _____ Account # _____				

Bank Name _____	<input type="checkbox"/> Savings	Amount of \$ _____		
	<input type="checkbox"/> Checking	Amount of \$ _____		
Routing Number _____ Account # _____				

Susan B. Sample 2244 Lois Lane Anytown, FL 32123-4567	<small>90-29304/2934 1393000000</small>	5678	
DATE _____			
PAY TO THE ORDER OF _____		\$ <input style="width:50px;" type="text"/>	
		<small>DOLLARS</small>	
MEMO / NOTES: _____		SIGNATURE: _____	
⑆ 123456789 ⑆ ⑆ 01234567890123 ⑆ 5678			

Your 9-Digit Bank ABA Routing Number	Your Bank Account Number	Check Number *May appear before account number
---	--------------------------------	--

This authorization is to remain in full force and effective until Crump Insurance Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Crump Insurance Services, Inc. a reasonable opportunity to act on it.

Name: _____ Employee #: _____
Please Print

Date: _____ Signed: _____

***Please return the completed direct deposit form with attached voided check once all information has been reviewed and confirmed accurate to the attention of Melissa Hulse, Payroll Specialist at the Crump corporate office.**