

## ACH DIRECT DEPOSIT OF PAYROLL/EXPENSE REIMBURSEMENT AUTHORIZATION FORM

FINANCE OFFICE USE ONLY

Date Received _____
Effective Date _____

I hereby authorize THE ARC OF CARROLL COUNTY, hereinafter called THE ARC, to initiate credit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my account(s) indicated below and the financial institution(s) named below to credit (or debit) the same to such account(s).

Employee Name(please print)	Employee Signature	Date
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Financial Institution Name: \_\_\_\_\_

Transit/Routing #: \_\_\_\_\_

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

Checking  Savings

Amount \$ \_\_\_\_\_  
 Percent % \_\_\_\_\_  
 Balance

**(For Multiple Accounts Only)**

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

Transit/Routing #: \_\_\_\_\_

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

Checking  Savings

Amount \$ \_\_\_\_\_  
 Percent % \_\_\_\_\_  
 Balance

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

Transit/Routing #: \_\_\_\_\_

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

Checking  Savings

Amount \$ \_\_\_\_\_  
 Percent % \_\_\_\_\_  
 Balance

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

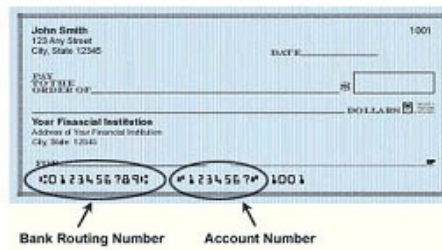
Transit/Routing #: \_\_\_\_\_

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

Checking  Savings

Amount \$ \_\_\_\_\_  
 Percent % \_\_\_\_\_  
 Balance

Sample Check



**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR EACH ACCOUNT**