crea construction

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize CREA Construction to initiate automatic deposits to my account at the financial institution named below. I also authorize CREA Construction to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold CREA Construction responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until CREA Construction receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Employee Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.