



Direct Deposit Agreement Form

Employee Name: _____ Employee Last 4 Digits SSN: _____

Valid Email Address* _____

(*required to participate in Direct Deposit to receive electronic copy of weekly paystub)

Authorization Agreement

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

Further, I agree not to hold APS 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 APS 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 or until I am no longer employed with APS.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check, deposit slip or bank statement and return this form to your Service Supervisor.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

