

2400 Northside Crossing Macon, GA 31210

Phone: 478-477-6060 Fax: 478-477-6020

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COMPANY:			
EMPLOYEE NAME:			
I hereby authorize Altera Payroll hereafter of initiate, if necessary, debit entries and adjust account indicated below and the depository credit and debit the same entries to such a	stments for any cred y named below, here	dit entries in error to my (our)	
DEPOSITORY (BANK) NAME:			
CITY:	STATE:	ZIP:	
BANK TRANSIT NO:	ACCOUNT NO:		
INDICATE ACCOUNT TYPE: CHECKIN	G OR SAVING	S	
AMOUNT OR PERCENT TO BE DEPOSIT	ED (100% of net pa	ay or flat amount):	
This authority is to remain in full force and in notification from me on its termination in sure reasonable time to act on it.			
EMPLOYEE NAME:		_ SSN:	
SIGNATURE:		DATE:	

Note: REQUIRED INFORMATION - Please attach a voided blank check to validate account information. If no check is available, please request direct deposit documentation from your bank that includes the routing number and bank account number needed for direct deposits.

Special Note: It is agreed upon signing this form, I understand that Altera Payroll not responsible for the consequences of any late or lost deposits beyond their control.