

# YMCA of Southwestern Indiana, Inc.

## Direct Deposit Authorization Form

I hereby authorize YMCA of Southwestern Indiana, Inc. hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entry in error to my accounts) indicated below and the financial institutions named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee Number \_\_\_\_\_ Employee Name \_\_\_\_\_

Date \_\_\_\_\_

Financial Institution Name	Financial Institution City	Financial Institution Routing Number	Account Number	Type *	\$ Amount of Net Pay or % of Pay
1)					
2)					
3)					
4)					
5)					

\***C** FOR CHECKING ACCOUNT OR **S** FOR SAVINGS ACCOUNT OR **CC** FOR CHRISTMAS CLUB

Signature \_\_\_\_\_

Check One:

\_\_\_\_\_ I am not currently participating in the Direct Deposit Program.  
                     ADD - Deposit my net pay to the accounts) shown above.

\_\_\_\_\_ I am currently participating in the Direct Deposit Program.  
                     \_\_\_\_\_ CHANGE - Change financial institutions, account number, and/or deposit percentage.  
                     \_\_\_\_\_ CANCEL - Stop my participation in the program.

Due to the time required for COMPANY AND DEPOSITORY processing, allow one or two pay periods for processing.

**IF CHECKING ACCOUNT, ATTACH YOUR BLANK, VOID CHECK IN THE UPPER LEFT CORNER.**