



## Authorization Agreement for Principal Bank Direct Deposit

Please review and complete the following information. Return this form to your employer's human resources office.

<b>Direct Deposit Authorization</b>		
Name		SSN
Address (street)		
City	State	Zip
Company Name		
Company Address		
Company City	State	Zip

<b>Deposit Instructions</b>
<p>Deposit entire amount to checking account</p> <p>Account No.</p>
<p>Deposit \$ to savings</p> <p>Account No.</p> <p>and remaining amount to checking account No.</p>
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### Signature

I hereby authorize:

- Above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at P[ ] Bank.
- P[ ] Bank to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_