CAMP HEBRON, INC.

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

NAME _____ SOCIAL SECURITY # __ __ __-__ __-__ __ __ __

EMPLOYEE SIGNATURE _____ DATE _____-_____-_____

I hereby authorize my employer, Camp Hebron, Inc., (hereafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to may account. In the event the COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Complete Section 1 **OR** Section 2 **AND** attach appropriate item (noted below)

SECTION 1 – CHECKING ACCOUNT

BANK NAME _____ CITY_____ STATE_____

ROUTING __ __ __ __ __ __ __ __ __ (*MUST BE 9 DIGITS*) ACCOUNT #_____

SECTION 2 – SAVINGS ACCOUNT

BANK NAME _____ CITY_____ STATE_____

ROUTING __ __ __ __ __ __ __ __ __ (*MUST BE 9 DIGITS*) ACCOUNT #_____

Attach appropriate item - VOIDED CHECK or PREPRINTED DEPOSIT TICKET

The numbers on the bottom of your voided check or preprinted deposit ticket will be used to make the electronic funds transfer directly to your account and MUST match the above.

☐ **NEW PAYROLL DEPOSIT** ☐ **CHANGE Effective Date**_____-_____-_____