



Summersgill CPA

ACCOUNTANTS | ADVISORS

Direct Deposit Agreement Form

Authorization Agreement

I, _____ hereby authorize Shannon H. Summersgill CPA LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize Shannon H. Summersgill CPA LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Shannon H. Summersgill CPA LLC 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. I authorize my employer/payer to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my financial institution listed below. I am aware that it is my responsibility to verify that funds are deposited prior to writing checks or debiting my account.

This agreement will remain in effect until Shannon H. Summersgill CPA LLC 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.

Account Information

Name of Financial Institution:		
Routing Number:		
Account Number:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signature

Authorized Signature (Primary):		Date:	
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Please attach a voided check and return this form to the Payroll Department.