



July 15, 2010 Rev. 1

Authorization Agreement

I hereby authorize the selected employer to initiate automatic deposit to my account at the financial institution named below. I also authorize the selected employer to make deductions from this account in the event that there is an overpayment of my regularly scheduled wage payment, or fringe benefits provided the deduction be made within six months of the overpayment. Further, I agree not to hold the selected employer 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. This agreement will remain in effect until the selected employer receives written notice of cancellation from me, or my financial institution or until I submit a new direct deposit form to the Payroll Department.
Coaches please note: you can only set up direct deposit if the educational institution you are coaching in allows it.

EMPLOYEE ~ Required Information

PLEASE PRINT

Full name _____

SSN -- -- --

EMPLOYER ~ Required Information

(Check One)

PESG, LLC

Other _____

Primary Deposit Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Deposit Amount: _____

Checking Savings
Percent (%)

Secondary Deposit Account Information (if applicable)

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Deposit Amount: _____

Checking Savings
Percent (%)

Signature

Authorized Signature (Primary):

Date:

Please attach a voided check for checking accounts, and a bank letter for savings accounts.
Deposit slips are not permitted.