



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

You must complete this entire form and send all required attachments for your payments to be processed.

EMPLOYEE INFORMATION			
Name:		SSN:	
Phone:		DOB:	
Email:			
Address:			
Account Information			
Routing Number	Account Number	Type of Account	Submission Reason
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Prepaid Card	<input type="checkbox"/> Bank Change <input type="checkbox"/> Account Change <input type="checkbox"/> New Request
Documentation Attached**			
<input type="checkbox"/> Financial Institution letter		<input type="checkbox"/> Voided check	<input type="checkbox"/> Typed form from card company

I understand I must attach documentation to this form. All documentation must contain my printed name, account number and routing number. Temporary checks or deposit slips are not acceptable. Accounts in the name of the employer or client (or jointly held with employee) are not acceptable.

If using a prepaid card, I must get a statement from the issuing authority demonstrating that this is an active account. I understand I should be able to go to the prepaid card issuer's website to obtain this information.

By signing below I acknowledge that if this form is not submitted timely with acceptable documentation, payments will be delayed. I am authorizing automatic deposits to the account shown above. I authorize CDS in Texas to initiate debit entries for any erroneous deposited amounts. If the account above has been closed or does not contain adequate funds, I authorize the withholding of any erroneous deposit from future payments owed to me.

I understand that any changes to the above account must be immediately submitted to CDS in Texas and agree that CDS in Texas is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution. **I understand that it is my responsibility to verify the crediting of funds to my account before writing checks or initiating debits against my account** and I will not hold CDS in Texas responsible for any charges I incur from my financial institution as a result of initiating withdrawals before funds are deposited.

DATE: _____

Employee Signature

Employer Name: _____