

# NEW HORIZONS REGIONAL EDUCATION CENTERS

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

NEW HORIZONS REGIONAL EDUCATION CENTER Company ID Number: 54-0974022

I hereby authorize New Horizons and the Financial Institution(s) named below, hereinafter called "Depository" to initiate deposits and to correct, if necessary, debit entries and adjustments for any deposit in error to my checking/savings account indicated below:

Main Direct Deposit Account (1)
<p><b>Your net check will be direct deposited into this account</b></p> <p>Bank/Credit Union Name _____</p> <p>City _____ State _____ Zip Code _____</p> <p><b>For transit/ABA number and account number, please attach either voided check, credit union form, or your savings deposit slip with your routing number on it.</b></p> <p>This authority is to remain in full force and effect until New Horizons Regional Education Center has received written notification from me of its termination in such time and in such manner as to afford New Horizons Regional Education Center and "Depository" a reasonable opportunity to act on it.</p> <p>Type of Account ___ Checking _____ Savings</p>

Additional Direct Deposit Account (2)
<p><b>Please indicate the specific amount you would like deposited: \$ _____</b></p> <p>Bank/Credit Union Name _____</p> <p>City _____ State _____ Zip Code _____</p> <p><b>For transit/ABA number and account number, please attach either voided check, credit union form, or your savings deposit slip with your routing number on it.</b></p> <p>This authority is to remain in full force and effect until New Horizons Regional Education Center has received written notification from me of its termination in such time and in such manner as to afford New Horizons Regional Education Center and "Depository" a reasonable opportunity to act on it.</p> <p>Type of Account ___ Checking _____ Savings</p>

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Additional Direct Deposit Account (3)
<b>Please indicate the specific amount you would like deposited: \$_____</b>
Bank/Credit Union Name_____
City_____ State_____ Zip Code_____
<b>For transit/ABA number and account number, please attach either voided check, credit union form, or your savings deposit slip with your routing number on it.</b>
This authority is to remain in full force and effect until New Horizons Regional Education Center has received written notification from me of its termination in such time and in such manner as to afford New Horizons Regional Education Center and "Depository" a reasonable opportunity to act on it.
Type of Account ___Checking _____Savings

**\*If this is a new account or you are a new employee signing up for direct deposit, your first paycheck will be a live (actual) paper check, and every check after that will be deposited into your bank account. ALL LIVE (ACTUAL) PAPER CHECKS ARE MAILED ON PAYDAY\***

Signed\_\_\_\_\_ Date\_\_\_\_\_

Print Name\_\_\_\_\_

If you have an account with a credit union, **YOU** must get a form from your credit union for **each account that you have listed above** and attach it to this form.

If you already have direct deposit you **DO NOT** have to fill out a new form unless you are changing banks.

Attach Voided Check(s) Here