



Direct Deposit Authorization

I hereby authorize my Eskridge & Associates to directly deposit my pay in the bank account listed below. I have attached a voided check for the account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant Eskridge & Associates the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: (_____) _____

Signature: _____ Date: _____

Company Use Only: Effective Date _____

Account Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Bank/ABA Number _____

Personal Account Number: _____

