



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Sandhills Delivery Service to initiate automatic deposits to my account at the financial institution named below. I also authorize Sandhills Delivery Service to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Sandhills Delivery Service 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 Sandhills Delivery Service 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: _____ ☐ Checking | ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please attach a voided check or a filled out Direct Deposit form, from bank and return this form to
PO Box 2407, Kernersville, NC 27285**