



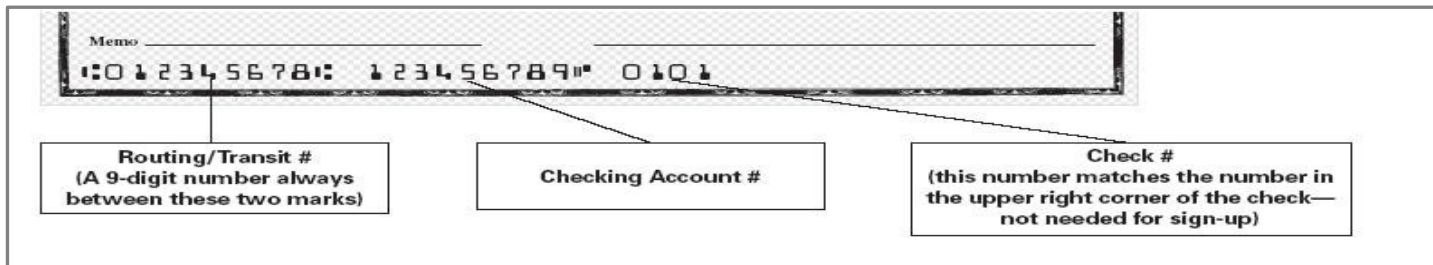
# Direct Deposit Authorization

Employee Name:	Employee Number (if applicable)
Company / Employer Name	Employer Phone Number

I hereby authorize Quartermaster Payroll Service and my employer to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until Quartermaster has received written notification from me of its termination in such time and in such manner as to allow Quartermaster and the Financial Institution a reasonable opportunity to act on

Request Type	Router/Transit #	Account Number	Checking or Savings	Fixed Amount or Percent	Amount (\$ or %)

**Example**



## ATTACH VOIDED CHECK HERE

I understand:

- I must submit a new authorization form if I close or change my account (name, branch, etc); failure to do so may result in a deposit delay.
  - It is my responsibility to keep apprised of any debits or credits made to my accounts(s) including dates and amounts of any such debits or credits.
  - It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds and that neither my employer nor Quartermaster Payroll Service is responsible for bank errors or bank fees.
- This authorization replaces any previously made by me and is to remain in effect until changed or canceled by a new Direct Deposit Authorization.

Employee Signature	Date
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