

Gentry's Educational Foundation-Direct Deposit

Authorization Agreement

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

Further, I agree not to hold **ADP** 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 **ADP** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the CPA.

Please complete the form in its entirety. Leaving information blank will result in recompletion of form.

Name: _____

Phone Number: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Email Address: _____

Date of Birth: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please Attach Voided Check Below: