

Authorization for Direct Deposit

I authorize **Climb the Mountain Speech and Debate Foundation** to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford **Climb the Mountain Speech and Debate Foundation** a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor Full Name (please print): _____

Employee/Contractor signature: _____

Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.