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| **Direct Deposit Agreement Form**  **Authorization Agreement** | | | |
| * I hereby authorize **Solutions Sync, LLC.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Solutions Sync, LLC.** to make withdrawals from this account, in the event that a credit entry is made in error.   Further, I agree not to hold **Solutions Sync, LLC.** 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 **Solutions Sync, LLC.** 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 scan/attach a voided check or deposit slip and email this form to the Payroll Department at accountingteam@solutionssync.com** | | | |