



Direct Deposit Authorization Agreement

Employer Name: _____

Participant Name: _____ Last 4 Digits of SSN: _____

New Direct Deposit Change in Direct Deposit Cancellation of Direct Deposit

I authorize Glynn Griffing & Associates to initiate electronic deposits and, if necessary, withdrawal entries and adjustments for any entries in error to my account. This authorization is to remain in effect Glynn Griffing & Associates has received written notice to change or cancel and the financial institution has a reasonable opportunity to act on it.

Type of Account: Checking Savings

Bank Name

Branch

Bank Transit/ABA Number

Account Number

X

Signature

Date

Please attach a voided check here to verify bank account information.

Please return by scanning and emailing, faxing, or mailing this form to our office.