



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 ACH deposits and, if necessary, adjustments for any entries made in error to my account. This authorization is to remain in effect until Glynn Griffing & Associates has received written notice to change or cancel the authorization and until the financial institution has a reasonable opportunity to act upon 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.