



MAHUBE-OTWA
Community Action Partnership, Inc.

Office use only:	
Date Entered-Payroll _____	Initials _____
Date Entered-A/P _____	Initials _____

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize Mahube-Otwa to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize Mahube-Otwa to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Mahube-Otwa 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 Mahube-Otwa receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Mahube-Otwa.

Authorized Signature: _____ Date: _____

Email Address Required - Payment notification will be sent to this address: _____

Account Information

Name (printed): _____ Employee No. _____

I hereby authorize Mahube-Otwa to initiate automatic deposits to my account(s) below for Payroll (max. 2 accounts) and Accounts Payable (max. 1 account), from the Financial Institutions below. *Flat amount is deposited into your #1 account; remainder deposited into your second account.

NAME OF FINANCIAL INSTITUTION ONE:			
	Routing/Transit No.	Bank Account No.	Amount*
<input type="checkbox"/> CHECKING <input type="radio"/> #1 Payroll; <input type="radio"/> #2 Payroll; <input type="radio"/> A/P			
<input type="checkbox"/> SAVINGS <input type="radio"/> #1 Payroll; <input type="radio"/> #2 Payroll; <input type="radio"/> A/P			

NAME OF FINANCIAL INSTITUTION TWO:			
	Routing/Transit No.	Bank Account No.	Amount*
<input type="checkbox"/> CHECKING <input type="radio"/> #1 Payroll; <input type="radio"/> #2 Payroll; <input type="radio"/> A/P			
<input type="checkbox"/> SAVINGS <input type="radio"/> #1 Payroll; <input type="radio"/> #2 Payroll; <input type="radio"/> A/P			

Please attach a voided check or bank verification for all accounts.

