



AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

DIRECT DEPOSIT

By signing this agreement, I hereby authorize Sac and Fox Nation (SFN) to initiate direct deposit entries to the account, and to the receiving financial institution indicated below for the purpose of expense and/or payroll. I further authorize Sac and Fox Nation, if necessary, to debit entries and make adjustments for any credit entries made in error.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

SFN is authorized to initiate direct deposit entries and to initiate, as and when necessary, to the following account(s):

(Check one) Checking Account _____ Savings Account _____

EMPLOYEE BANK NAME: _____

CITY, STATE _____

ROUTING/ABA# _____

ACCOUNT # _____

➤ **PLEASE ATTACH A VOIDED CHECK TO ENSURE ACCURACY**

I wish to decline direct deposit and receive a paper check at this time. I understand that I may sign up for direct deposit at a later date.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

