



Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize , hereinafter called

COMPANY, to initiate credit entries and to initiate debit entries and adjustments for any credit entries made in error to my account to:

My Checking account indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to credit the same to such account.

Depository Name: Smart Financial Credit Union

Address: P.O. Box 920719

City: Houston **State:** Texas

Zip: 77292

Routing Number: 313083578

MICR or Account Number:

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name:

Social Security Number:

Date:

Signed _____

Note: All written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Directions:

Bring this form to your employer. If applicable bring a copy of a voided Smart Financial Check. If your employer requires the information to be on the company form, please use this form as a guide to complete any additional forms. All information you will need to begin your direct deposit is contained on this form.