

Dennis Security and Professional Services, LLC.

Direct Deposit Agreement Form

Employee Name: _____

Last Four Numbers of Social Security Number: _____

Authorization Agreement

I hereby authorize **Dennis Security and Professional Services, LLC.**, to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Dennis Security and Professional Services, LLC.**, 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 **Dennis Security and Professional Services, LLC.**, receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Bank Account Information #1

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

I wish to deposit:

Remainder of Net Pay

_____% of Net Pay

Specific Dollar Amount \$ _____

Bank Account Information #2

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

I wish to deposit:

Remainder of Net Pay

_____% of Net Pay

Specific Dollar Amount \$ _____

Employee Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.