



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I hereby authorize John Muir Health (JMH) to initiate credit entries (deposits) of my net paycheck and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my:
() Checking account or () Savings account (select one)
at the banking institution named below and to credit and/or debit the same to such account.

DEPOSITORY (BANK) NAME

BRANCH

CITY _____

STATE _____ **ZIP** _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until John Muir Health has received **written notification** from me of its termination in such time and in such manner as to afford John Muir Health and my bank a reasonable opportunity to act upon it.

EMPLOYEE

EMPLOYEE

NAME _____

NUMBER _____

(PLEASE PRINT)

DATE _____

SIGNED _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____

(SIGNATURE)

(used to verify employee name only)

A BLANK VOIDED CHECK MUST BE ATTACHED TO THIS FORM

**RETURN THIS FORM WITH VOIDED CHECK
TO THE PAYROLL DEPARTMENT FOR PROCESSING.**