

# Vantage Career Center Authorization Agreement for Automatic Payroll/Reimbursement Deposits

The information requested on this form is required for enrollment in Direct Deposit. Employee may designate accounts for their payroll and reimbursement deposits.

I hereby authorize the Vantage Career Center and the **FINANCIAL INSTITUTION(S)** listed on this form to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below. I also authorize my direct deposit notification to be e-mailed to the address(s) listed below. All information provided will remain confidential.

This authority is to remain in full force until the **VANTAGE CAREER CENTER** has received written notification from me of its termination in such timely manner as to afford VANTAGE CAREER CENTER and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

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### Employee Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

### Financial Institution Information:

#### Primary Deposit to:

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution Name/Branch: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

Account is a  Checking  Savings      Amount to Deposit (\$/%) \_\_\_\_\_  
Net/Dollar Amount/Percentage

#### Secondary Deposit to:

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution Name/Branch: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

Account is a  Checking  Savings      Amount to Deposit (\$/%) \_\_\_\_\_  
Net/Dollar Amount/Percentage

#### Secondary Deposit to:

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution Name/Branch: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

Account is a  Checking  Savings      Amount to Deposit (\$/%) \_\_\_\_\_  
Net/Dollar Amount/Percentage

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**Employee Signature**

**Date**