



Direct Deposit Agreement Form

Name: _____

Branch: _____ Date: _____

Authorization Agreement

I hereby authorize **SmartTalent** to initiate automatic deposits to my account at the financial institution named below. I also authorize **SmartTalent** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **SmartTalent** 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 **SmartTalent** 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

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Global Cash Card

Routing #: ABA #073972181 Card #: _____

Name of Financial Institution: Meta Bank CODE: _____ EXP: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

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

Employee Status Changes

I would like to make changes to my current Direct Deposit

I would like to cancel my Direct Deposit

Effective Date: _____

Authorized Signature for Changes: _____