Fairbanks Native Association
Authorization Agreement For Automatic Deposits

Employee Name:
(as on bank account)
Social Security Number:

☐ **A.** I choose to participate in direct deposit

Please choose one:

Attach voided check or savings deposit ticket here.

☐ **Checking (Please attach a voided check)**

Branch:
City: State: Zip:

Transit/ABA No: Account No:

☐ **Savings (Please attach a deposit ticket)**

Branch:

City: State: Zip:

Transit/ABA No: Account No:

☐ **B.** I choose to change checking/savings information for direct deposit, see above.

☐ **C.** I choose to discontinue my direct deposit offer by my employer.

Upon termination the employee's final paycheck will not be direct deposited. Final paychecks can be picked up from the payroll department or sent by certified mail.

I authorize Fairbanks Native Association, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account.

I acknowledge and agree that if the name and/or account number provided to Fairbanks Native Association is incorrect a deposit may be made and applied based on the information provided. Fairbanks Native Association does not assume any liability in such circumstances.

I have read and understand the agreement that I am entering into with Fairbanks Native Association.

_____ _____
Signature Date

Accounting Department Use Only

_____ Date Received in PR _____ Entered Checking/Saving Info.

_____ Date Prenote Ran _____ Checking/Saving Verification

_____ Date of Change _____ Date Active Status Entered