

DIRECT DEPOSIT AUTHORIZATION FORM

TRANSACTION TYPE

- New Setup
- Change
- Cancellation

PAYROLL OFFICE ONLY

Date Received _____

Effective Date _____

SECTION 1—EMPLOYEE INFORMATION

Employee SSN:		
Last Name	First Name	Middle Initial
Home Address		
City	State	Zip

SECTION 2—EMPLOYEE'S BANK OR CREDIT UNION INFORMATION

Name of Bank or Credit Union (Attach voided check)	
Routing Transit Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Customer Account Number	

SECTION 3—EMPLOYEE CONSENT AND AUTHORIZATION

<p>I hereby authorize The Home Option, LLC, herein after referred to as The Home Option, to deposit by Electronic Transfer payments owed to me by The Home Option and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Home Option shall deposit the payments in the Financial Institution and account designated above. I recognize that if I fail to provide complete and accurate information on the authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.</p> <p>I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and The Home Options rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, or amended, or repealed.</p>	
Employee Signature	Date