



**Direct Deposit
Authorization Agreement**

- DIRECT DEPOSIT TO A **NEW** ACCOUNT/BANK
- DIRECT DEPOSIT TO A NEW ACCOUNT/BANK WHICH
REPLACES ACCOUNT # : _____
- CHANGE IN THE **AMOUNT** OF AN EXISTING DIRECT DEPOSIT
AUTHORIZATION

I hereby authorize Windsor HR Services, Inc. hereafter referred to as "The Company", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the bank named below, hereafter referred to as "The Depository", to credit and debit the same entries to such account.

COMPLETE THIS BOX & ATTACH VOIDED CHECK

Employee Name: _____

Client Company Name: On Trac, Incorporated

Social Security Number: _____ - _____ - _____

Bank Name: _____

Bank Routing / Transit Number (9 digits): _____

Bank Account Number: _____

Type of Account: Checking Savings

Amount/Percentage to be deposited: \$ _____ or _____%

This authority remains in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company a reasonable time to act on it.

Please complete a separate form for each direct deposit account set-up.

Signature: _____ Date: _____

Note: Staple a voided check below to validate account information, for savings, verify transit/routing number with bank. **Direct deposit will begin approximately two (2) pay cycles after company receives this authorization.**