

## AUTHORIZATION FOR DIRECT DEPOSIT

I authorize AURA to initiate credit entries and, if necessary, debit entries to correct and adjust any erroneous credit entries to my account(s) indicated below and the depository named below to credit and/or debit the same to such account.

Electronic Deposit Action (check one):    New     Change     Stop

Note: It could take up to two pay periods before the deposits to the new bank or account will take effect.

**PLEASE NOTE THE MAIN BANK LISTED WILL RECEIVE THE BALANCE OF YOUR PAY UNLESS OTHERWISE INDICATED.**

### MAIN DEPOSIT INFORMATION:

<b>Bank Name</b> _____
<b>Address</b> _____
<b>Bank Routing Number</b> _____ <b>Account No</b> _____
<b>Checking</b> <input type="checkbox"/> <b>Savings</b> <input type="checkbox"/> <b>Amount to be Deposited \$</b> _____

### ADDITIONAL DEPOSIT INFORMATION:

<b>Bank Name</b> _____
<b>Address</b> _____
<b>Bank Routing Number</b> _____ <b>Account No</b> _____
<b>Checking</b> <input type="checkbox"/> <b>Savings</b> <input type="checkbox"/> <b>Amount to be Deposited \$</b> _____

<b>Bank Name</b> _____
<b>Address</b> _____
<b>Bank Routing Number</b> _____ <b>Account No</b> _____
<b>Checking</b> <input type="checkbox"/> <b>Savings</b> <input type="checkbox"/> <b>Amount to be Deposited \$</b> _____

This authorization is effective until you receive written notification from me. I understand AURA has to provide a copy of this authorization to any institution participating in the National Automated Clearing House Association upon request. I further understand that AURA will notify me of the request.

***Please attach a voided check or form from your financial institution showing routing/transit and account numbers.***

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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#### FOR PAYROLL USE ONLY

Entered by \_\_\_\_\_ Date Entered \_\_\_\_\_