



Direct Deposit Agreement Form

Authorization Agreement

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

Further, I agree not to hold **OpTech, LLC** 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.

Affirmation (select one):

___ I affirm that, regarding electronic payments the State may remit to the financial institution for credit to the account(s) that I have designated, the enter payment amount **is not** subject to being transferred to a foreign bank account.

___ I affirm that, regarding electronic payments the State may remit to the financial institution for credit to the account (s) that I have designated; the entire payment **is** subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.

This agreement will remain in effect until **OpTech, LLC** 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.

Account Information

Account # 1

Name of Financial Institution: _____ **Amount to be deposited (% or \$ amount):** _____

Routing Number: _____

Account Number: _____

Checking

Savings

Account # 2

Name of Financial Institution: _____ **Amount to be deposited (% or \$ amount):** _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided cheque or deposit slip and return this form to the Payroll Department.