AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

delete it from our system. If you do not inform us, your pay will go to the wrong account and it takes 7-10 days to reverse it. Please initial that you have read this statement.	
Check if applicable:	
I had a previous Direct Deposit or	Pay Card Circle one: Cancel Previous or Continue Same
I hereby authorize AKM, LLC (Volks and Nelson) to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my checking or savings indicated below and the bank/financial institution below to credit and/or debit the same to such account. You must indicate amounts for multiple accounts. Primary: Bank/Financial Institution/Credit Union Name:	
MUST PROVIDE VOIDED CHECK OR LETTI	ER FROM BANK WITH ROUTING AND ACCOUNT NUMBERS
Checking Amount:	(can be residual or all wages)
Savings Amount:	_ (can be residual or all wages)
Secondary: (If any) Bank/Financial Institution/Credit Union Name:	
MUST PROVIDE VOIDED CHECK OR LETTI	ER FROM BANK WITH ROUTING AND ACCOUNT NUMBERS
Checking Amount:	(can be residual or all wages)
Savings Amount:	_ (can be residual or all wages)
This authority is to remain in full force and effect until AKM, Volks or Nelson has received written notification from me, the employee, of banking termination in such time and in such manner as to afford AKM, Volks or Nelson and Bank/ Financial Institution/ Credit Union a reasonable opportunity to act on it.	
Printed Employee Name:	
Employee Number:	
Email Address <mark>(MANDATORY)</mark> :	
Social Security Number:	
Date:	
Employee Signature:	

All Banking information will be retained by AKM, LLC in a safe and secure environment. Should you require additional information, please contact Melissa Meriwether at (225) 673-1505 or LaAnn Adams at (225) 673-1587.