



**EMPLOYEE
AUTHORIZATION
AGREEMENT
FOR DIRECT DEPOSIT**

I hereby authorize and request Christian Health Associates (CHA) to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank(s) named below. I authorize and request my bank to accept any credit entries initiated by SES to such account and credited the same to such account without responsibility for the correctness thereof.

I also authorize and request CHA to effect repayment to CHA for amounts owed it because of any monies deposited to my account in error.

It is understood that this agreement may be terminated by me at any time by written notification to CHA any notification to CHA shall be effective only with respect to entries initiated by SES after receipts of notification and a reasonable opportunity to act upon it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold CHA, each participating bank harmless from any claim incident to the operation of this plan arising from any act or omission by CHA including, without limitation, and claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account. I further understand that should I change, or close the account given to CHA and fail to notify CHA in writing prior to the initiation of the credit, I will be charged a bank fee of no less than \$15.00 to reprocess the payment owed to me.

Social Security Number ____-____-____ Employee Name _____

- I do not elect direct deposit or I wish to cancel all my direct deposits (check here and sign below)
- I authorized direct deposit into the following accounts ONLY (any previous form(s) submitted will be void)

FINANCIAL INSTITUTION/ACCOUNT NUMBER(S)/ INSTITUTION

Financial Institution Name: _____

1.	Account Number	Account Type Checking / Savings	Amount to deposit	Routing Number
2.	Account Number	Account Type Checking / Savings	Amount to deposit	Routing Number

Employee Signature _____ Date ____/____/____
mm dd yy

*******PLEASE BE AWARE*******

**VOIDED CHECK(S), OR BANK AUTHORIZED DIRECT DEPOSIT FORM
MUST BE SUBMITTED WITH THIS FORM BEFORE DIRECT DEPOSIT WILL BE ACTIVATED
YOU WILL NOT RECEIVE A (HARDCOPY) PAYSTUB.
PAYSTUBS MAY BE VIEWED ON LINE**