



Direct Deposit Authorization

Name (Last, First, Middle Initial):	Social Security Number:
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Fill in the following boxes according to how you want your check distributed. If you have your entire check deposited into one account, only fill out the "Account One" section. Use the next two sections if you wish to have your check split between accounts. Yoder Financial Services will process these in order. Ask your HR Department or Supervisor for more information.

Account One		
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Bank Routing Number (must be 9 numbers): <input type="checkbox"/> <input type="checkbox"/>	Account Number: <input type="checkbox"/> <input type="checkbox"/>
What would you like deposited in this account?		
<input type="checkbox"/> Your Entire Check <input type="checkbox"/> A Set Amount: \$ _____ <input type="checkbox"/> A Percentage: _____ %		

Account Two		
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Bank Routing Number (must be 9 numbers): <input type="checkbox"/> <input type="checkbox"/>	Account Number: <input type="checkbox"/> <input type="checkbox"/>
What would you like deposited in this account?		
<input type="checkbox"/> Remaining Check Balance <input type="checkbox"/> A Set Amount: \$ _____ <input type="checkbox"/> A Percentage: _____ %		

Account Three		
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Bank Routing Number (must be 9 numbers): <input type="checkbox"/> <input type="checkbox"/>	Account Number: <input type="checkbox"/> <input type="checkbox"/>
What would you like deposited in this account?		
<input type="checkbox"/> Remaining Check Balance <input type="checkbox"/> A Set Amount: \$ _____ <input type="checkbox"/> A Percentage: _____ %		

I authorize Yoder Financial Services to direct deposit funds to my account in the financial institution(s) listed above. If funds to which I am **not** entitled are deposited in my account, I authorize Yoder Financial Services to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Yoder Financial Services at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to your employer for distribution. This will delay your check.

Employee signature: _____ Date: _____