

DIRECT DEPOSIT FORM

**CRABTREE CPA & ASSOCIATES
PAYROLL SERVICES
426 NORTH STREET
HYANNIS, MA 02601**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY
NAME :

I (we) _____ hereby authorize Crabtree CPA & Associates, hereinafter called **COMPANY**, to initiate credit entries to my (our) () checking () savings account (select one) indicated below at the depository named below, hereinafter called **DEPOSITORY**, to credit the same to such account.

DEPOSITORY

(BANK)

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

A VOIDED CHECK IS REQUIRED WITH THIS FORM.

PLEASE NOTE: DEPOSIT TICKETS CANNOT BE USED BECAUSE THEY HAVE DIFFERENT ROUTING NUMBERS. SO, IF YOU HAVE A SAVINGS ACCOUNT, PLEASE GET THE CORRECT ROUTING NUMBER DIRECTLY FROM YOUR BANK.

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Signature _____ Date _____

Print Name _____ Social Security# _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.