



## DIRECT DEPOSIT AUTHORIZATION FORM, PAGE 2

Complete & return to the payroll department along with a voided check or printout from the bank.

I hereby authorize **MACON-BIBB EOC, INC.** to initiate credit entries to my account(s) below and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

### PRIMARY ACCOUNT

Checking     Savings

### SECONDARY ACCOUNT

Checking     Savings

Financial Institution Name\*

Financial Institution Name\*

City and State

City and State

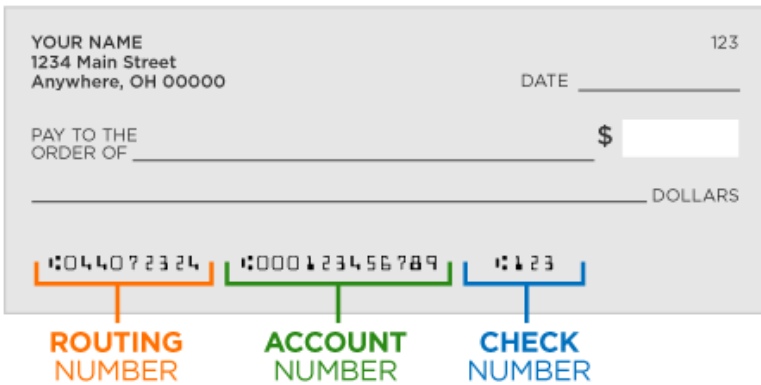
Routing Number\*

Routing Number\*

Account Number\*

Account Number\*

\$ \_\_\_\_\_  
Amount\*



This authorization is to remain in full force and effect until Macon-Bibb EOC, Inc. has received written notification from me of its termination is such time and is such manner as to afford Macon-Bibb EOC, Inc. and above said Financial Institution a reasonable opportunity to act on it.

Printed Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_

Date: \_\_\_\_\_