This document must be signed by employees to initiate automatic deposit of paychecks and retained on file by the employer. Do NOT send this form to your financial institution. Employees must attach a voided check or printed documentation from your financial institution for each of their accounts to help verify their account numbers and bank routing numbers.

Account I

Checking \_\_\_ Savings \_\_\_ Dollar/% amount to be deposited to this account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**attach a voided check / printed documentation from your financial institution**

Account II

Checking \_\_\_ Savings \_\_\_ Dollar/% amount to be deposited to this account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**attach a voided check / printed documentation from your financial institution**

Authorization

This authorizes Teaching Family Homes of Upper Michigan/Associated Family Care to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated above and to other accounts I identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Teaching Family Homes of Upper Michigan/Associated Family Care receives a written termination notice and has reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_