

**Three Rivers, Inc., Fiscal Agent**  
**Authorization Agreement for Direct Deposits**



Three Rivers, Inc. uses Direct Deposit to provide security and convenience for our employees. Your pay is electronically deposited to your bank account each payday. Three Rivers provides this service with absolutely no charge to you. To make sure that your money is deposited in the correct account, we require a **voided check to be submitted** with this form to Three Rivers, Inc., Human Resources, PO Box 408, Wamego, KS 66547.

I hereby authorize Three Rivers, hereinafter called Employer, to initiate credit entries (and/or corrections to the previous credits) to the Financial Institution below, to credit and/or correct the amounts thereof, to my:

**Please check which type of account**     Checking Account    (or)     Savings Account

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BANK TRANSIT ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

(See lower left corner of check – please attach a voided check to this form)

This authority is to remain in full effect until Employer or Financial Institution has received written notification from me fourteen (14) days prior to its termination, or until Employer or Financial Institution has sent me written notice of the Employer's or Financial Institution's termination of this agreement. It is my understanding that my paycheck will be deposited on payday, unless said day is not a banking day. I further acknowledge that in the event of mechanical or technological failure, or other circumstances beyond the control of the Employer or Financial Institution in connection with this service, I will accept my earned compensation in an alternative fashion customary with Employer's policies and procedures. In the event a transaction is rejected by the Receiving Depository Financial Institution due to the closing of an account or incorrect information given by me, I authorize the company to deduct from my compensation, the amount of any administrative fee charged by Employer's Financial Institution for the notification of said rejection. It is my understanding this enrollment is automatically cancelled upon the termination of my employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Attach voided check here.**  
**(REQUIRED for a checking account.)**