



## Direct Deposit Authorization

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

I hereby authorize Southland Utility Services to initiate, if necessary, debit entries and adjustments for any credit entered in error to my account(s) indicated below and the financial institution(s) named below to credit and/or debit the same to such account.

Include all current deposits and/or new deposits:

***Attach a Voided Check Below***

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Select One:

- Checking  
 Savings

This authority is to remain in full force and effect until Southland has received written notification from me of its termination in such manner as to afford Southland and the financial institution a reasonable opportunity to act on it.

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

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

