



Smith and Stilwell, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Smith and Stilwell, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Smith and Stilwell, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Smith and Stilwell, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Smith and Stilwell, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

This form can be submitted via email or fax to 404-585-5980 or by mail to Smith and Stilwell PO Box 53017, Atlanta, GA, 30355.