



Authorization Agreement For Direct Deposit

600 Grant Street, Suite 700
Denver, CO 80203
PH: 303.861.0388
www.terrafirmapeo.com

Fax to Terra Firma, attention:

Work-Site Employer: _____

I hereby authorize Terra Firma, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account; and to credit and/or debit the same to such account. I understand that direct deposit is subject to an initial "pre-note" and that my first paycheck following the submittal of this form will be a live check. My account and Bank information are indicated below:

Bank Name: _____

(Please check only one for type of account and indicate dollar amount or % for each account.)

Checking: _____ Savings: _____ Other: _____

Transit/ABA No.: _____ **Account No.:** _____

Bank Name: _____

(Please check only one for each type of account and indicate dollar amount or % for each account.)

Checking: _____ Savings: _____ Other: _____

Transit/ABA No.: _____ **Account No.:** _____

Bank Name: _____

(Please check only one for each type of account and indicate dollar amount or % for each account.)

Checking: _____ Savings: _____ Other: _____

Transit/ABA No.: _____ **Account No.:** _____

Check here to join the Holiday Club. Deduction (indicate dollar amount or %): _____

This authority is to remain in full force and effect until Terra Firma has received written notification from me of its termination in such time and in such manner as to afford Terra Firma and my Bank a reasonable opportunity to act on it.

Employee Name (please print): _____

Signature: _____ **Date:** _____

**Please attach a voided check for Checking Account deposits
and a deposit slip for Savings Account deposits.**