



# Direct Deposit Authorization Form

New Agreement     
  Change Account     
  Cancel Agreement

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Security Management of SC, LLC to credit and/or debit my account with the Financial Institution indicated below for the correcting entries. I duly certify that I am an authorized signer on said account and have the right to enter into this agreement. This authority is to remain in full force and effect until Security Management of SC, LLC has received written notification from me of it's termination in such time and in such manner as to afford Security Management of SC, LLC and the Financial Institution a reasonable opportunity to act on it. I understand that, if necessary, an adjusting debit or credit may be made to correct an error.

Select One:     Checking Account                       Savings Account

Financial Institution:

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

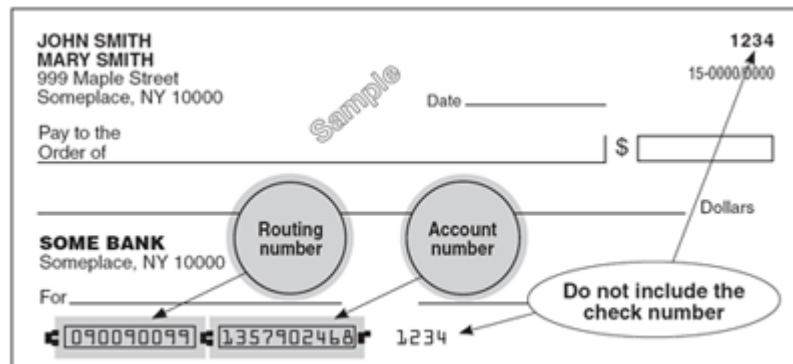
Routing Number \_\_\_\_\_ Account No. \_\_\_\_\_  
(see example below)                      (see example below)

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

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

Attach: **voided check** for checking account or **savings deposit slip** for savings accounts  
**Form will not be processed without information below.**



**Note:** The routing and account numbers may appear in different places on your check.