



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

I hereby authorize HOC to initiate credit entries to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account(s). In the event a credit is made to my account(s) in error, I further authorize HOC to make a correcting entry under the conditions that I am notified by the HOC of said adjustment.

Please attach a voided check or an account card from your financial institution showing your bank transit number and account number.

Account #1 _____
Name of Bank/Credit Union Net or Amount to Be Deposited Each Payroll

_____ () Checking () Savings
Bank Transit # Account Number

Account #2 _____
Name of Bank/Credit Union Net or Amount to Be Deposited Each Payroll

_____ () Checking () Savings
Bank Transit # Account Number

Account #3 _____
Name of Bank/Credit Union Net or Amount to Be Deposited Each Payroll

_____ () Checking () Savings
Bank Transit # Account Number

Other Instructions (i.e., stop old account, etc.) _____

It takes approximately 1 pay periods from receipt of request to begin your Direct Deposit transactions. This is due to a required process called "Pre-Notification" to ensure that your bank transit number and account number are properly recognized. If incorrect information is provided, Direct Deposit transactions will be delayed. This authority is to remain in full force and effect until HOC has received written notification from me of its termination in such time and in such a manner as to afford HOC a reasonable opportunity to act on it.

Please note: When adding a new account, please include the current accounts on this form as well.

NAME (PRINT) _____

SIGNED _____ **DATE** _____