

# SLOVAK CATHOLIC SOKOL

*A tradition of providing sound financial protection and benefits to our members*

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## Direct Deposit Agreement

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### Authorization Agreement

I hereby authorize Slovak Catholic Sokol to initiate automatic deposits to my account at the financial institution named below. I also authorize Slovak Catholic Sokol to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Slovak Catholic Sokol 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 Slovak Catholic Sokol receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_  
Routing  
Number: \_\_\_\_\_  
Account  
Number: \_\_\_\_\_

Checking  Savings

### Signature

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please attach a voided check or deposit slip and  
return this form to the Accounting Department.**