



Bringing Possibilities to Life

## Direct Deposit – Payroll and Expense Reimbursements

### AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS

- I authorize Accord™ to initiate deposits and, if necessary, withdrawals and adjustments for deposits made in error to my account indicated below.
- I authorize the Financial Institution named below to deposit or withdraw from the account.
- This authorization will remain in effect until I notify Accord™ or the Financial Institution named below in writing.

Please use this form for:

- Payroll direct deposit
- Expense reimbursement direct deposit (I'm not an employee)
- BOTH payroll and expense reimbursement direct deposit

Employer Name:	
Employee Name:	
Name of Financial Institution:	Financial Institution's 9-Digit Transit Routing Number:
Checking or Savings Account Number:	Circle Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Employee Signature:	Date:
Employee E-mail Address:	

It is your responsibility to notify Accord™ if your account information changes.

**If you close your bank account or change your account number, a new direct deposit form must be completed.**

Your financial institution does not notify us of changes to your account.

Please contact us if you have any questions or to request a form to change your account information:

FMS Payroll 612-362-4433

E-mail address: [FMSpayroll@accord.org](mailto:FMSpayroll@accord.org)