

**INDIANA HAND TO SHOULDER CENTER  
EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

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I HEREBY AUTHORIZE THE INDIANA HAND TO SHOULDER CENTER TO INITIATE CREDIT ENTRIES TO MY ACCOUNT(S) IN THE DEPOSITORY INSTITUTION NAMED BELOW.

DEPOSITORY INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NUMBER \_\_\_\_\_

This authority is to remain in full force and effect until The Indiana Hand To Shoulder Center has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

**AMOUNT TO BE DEPOSITED**

**ACCOUNT NUMBER**

**AMOUNT**

SAVINGS (need deposit slip)

\_\_\_\_\_

\$ \_\_\_\_\_

CHECKING (need voided check)

\_\_\_\_\_

\$ \_\_\_\_\_

MISCELLANEOUS ACCOUNT

(need voided check or deposit slip)

\_\_\_\_\_

\$ \_\_\_\_\_

If funds to which I am not entitled are deposited to my account in error, I authorize you to direct the bank to return said funds.
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Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_