



Pump It Up of Kirkland

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Pump It Up of Western Washington** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Pump It Up of Western Washington** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Pump It Up of Western Washington** 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 **Pump It Up of Western Washington** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: (do not fill out – please attach a voided check)

Routing Number: (do not fill out – please attach a voided check)

Account Number: (do not fill out – please attach a voided check)

Checking
☐

Savings
☐

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to your manager.