



HCEC DIRECT DEPOSIT

AUTHORIZATION/CANCELLATION FORM

Employee Name _____
Last First Middle

Name of Financial Institution _____

Account Number _____ Routing Number _____

Account Type Checking Savings Action Add Change Cancel

Please provide a cancelled check or alternative documentation from your bank containing Account and Routing Information that can be verified.

Employee Authorization

I hereby authorize Harris County Emergency Corps to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, HCEC can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the services.

Employee Signature _____ Date ____ - ____ - ____