



DIRECT DEPOSIT ENROLLMENT REQUEST FORM/PAYROLL

Authorization agreement for automatic deposits (ACH credits)

I authorize **Doc Popcorn** to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

Select one: Checking Savings

Account number: _____

ACH routing number: _____

If monies to which I am not entitled are deposited to my account, I authorize **Doc Popcorn** (issuer) to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing, or upon termination of my employment with **Doc Popcorn**.

First Name

Middle Initial

Last Name

Address

City

State

Zip Code

Daytime Phone Number

Social Security Number

Signature (required)

Date

Staple a voided check or deposit ticket to this completed form and submit to **Doc Popcorn**.

Bank name _____

Bank address _____

City, State, ZIP code _____