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ACH CREDIT AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

☐ NEW PARTICIPANT ☐ CHANGE ☐ DELETE/CANCEL

I, _____, authorize Streeter Associates, Inc. to initiate electronic credit entries for the purpose of Payroll Direct Deposit, and if necessary, debit entries and adjustments for any credit entries in error to my:

Type of Bank Account: ☐ Checking ☐ Savings

Banking Information:

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

FINANCIAL INSTITUTION ADDRESS

FINANCIAL INSTITUTION CITY, STATE and ZIP CODE

Please attach a voided check or financial institution verification letter for account validation

I understand and am in agreement, that should a regularly scheduled deposit date fall on a federal holiday, the credit shall occur on the following banking date or if there is an unforeseen issue with the banking system the credit can be delayed while the problem is being resolved.

SIGNATURE _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

DATE _____

How to Revoke your Authorization:

This authority will remain in full force and effect until Streeter Associates, Inc. has received written notification from me of its termination in such a time and manner as to afford Streeter Associates and the Depository Institution a reasonable opportunity to act on it.

THIS FORM IS TO BE RETAINED BY STREETER ASSOCIATES, INC. AS A MATTER OF RECORD.
PLEASE RETAIN A COPY FOR YOUR RECORDS.