



JOHNSON MOTOR SALES

New Richmond ∞ Menomonie ∞ St. Croix Falls

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Johnson Motors** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Johnson Motors** to make withdrawals from this account in the event that a credit entry is made in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Further, I agree not to hold **Johnson Motors** 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 **Johnson Motors** 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.

Primary Account (Deposit Net Pay)

Name of Financial Institution: _____ Branch: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Secondary Account

Name of Financial Institution: _____ Branch: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

This authority is to remain in full force and effect until **Johnson Motors** has received written notification from me of its termination in such time and manner as to afford **Johnson Motors** and Financial Institution a reasonable opportunity to act on it.

Print Name _____

Signature _____

Please attach a voided check and return this form to the Payroll Department.

Date _____