



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)**

I hereby authorize John Muir Health (JMH) to initiate credit entries (deposits) of my net paycheck and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my:  
( ) Checking account                      or                      ( ) Savings account (select one)  
at the banking institution named below and to credit and/or debit the same to such account.

**DEPOSITORY (BANK) NAME**

**BRANCH**

\_\_\_\_\_

\_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

This authorization is to remain in full force and effect until John Muir Health has received **written notification** from me of its termination in such time and in such manner as to afford John Muir Health and my bank a reasonable opportunity to act upon it.

**EMPLOYEE**

**EMPLOYEE**

**NAME** \_\_\_\_\_

**NUMBER** \_\_\_\_\_

(PLEASE PRINT)

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

**LAST 4 DIGITS OF SOCIAL SECURITY NUMBER** \_\_\_\_\_

(SIGNATURE)

(used to verify employee name only)

**A BLANK VOIDED CHECK MUST BE ATTACHED TO THIS FORM**

**RETURN THIS FORM WITH VOIDED CHECK  
TO THE PAYROLL DEPARTMENT FOR PROCESSING.**