



Direct Deposit Agreement Form

Authorization Agreement

I, _____ hereby authorize Boss Management INC. to initiate automatic deposits to my account at the financial institution named below. I also authorize Boss Management INC. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Boss Management INC. 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 Boss Management INC. 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.

Account Information

Name & number of
Financial Institution:

Transit Number:

Account Number:

☐ Checking | ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____