Employee Direct Deposit Authorization Form

Children's Oncology Camp Foundation, Inc.

Employee/ Account Name: _____

(*please print*)

Please fill out completely. All the information below is REQUIRED to set up your direct deposit.

☐ Checking Account ☐ Savings Account

_____

Name of Financial Institution

_____ _____

City / State Phone No.

Email:_____

Transit Routing Number Account Number

⑆										⑆

I authorize my employer, Children's Oncology Camp Foundation, Inc., and its Agents, including Financial Institutions to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account listed above. This authorization will remain in effect until the end of my employment or until I have informed my employer, in writing, that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Typed Signature:_ Date:_