



Direct Deposit Authorization

PLEASE FILL OUT AND RETURN TO ACCOUNTING

I authorize 406 Financial Services LLC and the financial institution listed below to initiate electronic entry to my checking or savings account (**please check one**) each payday. This authority will remain in effect until I have canceled it in writing.

The authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Company Name: 406 Financial Services, as Fiscal Agent	Financial Institution:
Name (First/Last. please print):	City/ST of Financial Institution
ROUTING and TRANSIT NUMBER: _____-_____-_____-_____-_____-_____-_____-_____-_____-	ACCOUNT NUMBER

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement.

Employee Signature

Date

I would like to opt out of direct deposit and would like my paycheck sent to my mailing address.

Employee Signature

Date

T 406.541.9772 F 406.541.7725 C 406.239.2591

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406FINANCIALSERVICES.ORG