



Mid Willamette Valley Community Action Agency

Direct Deposit Enrollment Form

Directions: To sign up for Direct Deposit, fill out entire form. The completed form must be returned to Nutrition First before Direct Deposit can be initiated.

Authorization Agreement

I hereby authorize **Mid Willamette Community Action Agency** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Mid Willamette Community Action Agency** to make withdrawals from this account in the event that a credit entry is made in error.

I understand that it is my responsibility to verify that payments have been credited to my account and that **Mid Willamette Community Action Agency** assumes no liability for overdrafts for any reason.

Further, I agree not to hold **Mid Willamette Community Action Agency** 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 **Mid Willamette Community Action Agency** 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

I hereby Authorize Mid Willamette Community Action to:

☐ Start Direct Deposit

☐ Stop Direct Deposit

☐ Change Direct Deposit

Name of Financial Institution: _____

Routing Number: _____ 9 Digits

Account Number: _____

Checking
☐

Savings
☐

Signature

Authorized Signature: _____ Date: _____

Print Name: _____

Please attach a voided check, counter check, or bank direct deposit authorization form. Return your bank proof plus this form to:

Nutrition First
P.O. Box 2316
Salem, OR 97308-2316