



Saz's Hospitality Group

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Saz's Hospitality Group to initiate automatic deposits to my account at the financial institution named below. I also authorize Saz's Hospitality Group to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Saz's Hospitality Group 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 Saz's Hospitality Group 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 of Financial Institution: _____ % Net Pay | Amount

Routing Number: _____ %/Amt: _____

Account Number: _____ Checking | Savings

Name of Financial Institution: _____ % Net Pay | Amount

Routing Number: _____ %/Amt: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature: _____ Date: _____

Printed Name: _____

Please attach a voided check, deposit slip or bank specification sheet and return this form to the Payroll Department.