



Valparaiso Family YMCA
Direct Deposit Authorization Form

Employee Name _____
Social Security Number (last 4-digits) _____
Phone # _____ Email _____

FINANCIAL AGREEMENT

I hereby authorize the YMCA of Valparaiso, IN Inc. through Paycom Payroll, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize the YMCA of Valparaiso to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the YMCA of Valparaiso, IN, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution of due to an error on the part of my financial institution in depositing funds to my account. **If the direct deposit is returned to the YMCA of Valparaiso, IN, Inc. I will be responsible for the fee of \$25.00.**

This agreement will remain in effect until the YMCA of Valparaiso, IN, 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

To ensure accuracy please include a voided check or deposit slip with this form.

Bank Name: _____
Bank Routing Number: _____ Re-enter Bank Routing Number: _____
Bank Account Number: _____ Re-enter Bank Account Number: _____
Check one: Checking Savings

Employee Signature: _____

Date: _____

Return to directly to Administration in the secure box .
Changes must be received no later than 7 days before the next pay check date