

## **Authorization Agreement for Automated Payroll and Accounts Payable Deposits**

I hereby authorize and request the CNM Payroll and Accounts Payable departments to make payment of any amounts owing to me by initiating credit entries, and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution indicated below.

PLEASE CHECK THE APP	PROPRIATE BOX B	ELOW.		
REASON:		ADDT'L <i>or</i> CHAN	GE: ☐ Bank or Account N	umber
Amt. Per checks \$	OR	All / Balance*	Checking	□ Savings
Bank Name	City	State	Account #	
CNM shall be effective only w	rith respect to entries in form must be comp	ed by me at any time by written nitiated by CNM after receipt of oleted if I change my CNM em	such notification and reason	nable opportunity to
Employee Name (Print)	Employee ID No.			
Date Signature	CNM email Address**			
Fransit Routing Number	THIS SEC	Account Number Information  ACCOUNT NUMBER INFORMATION		
The above information <b>BANK</b>		BANK VERIFICATION Signature		
has been verified.				
Attach a "voided	check" or "B	ank Verification" to Payroll Office.	o this form and fo	orward to the
	John and Jane Smith 123 Main Street City, ST 11111		101	
	Pay to the order of _	VOID	\$	
			Dollars	

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