



NAME: _____
 *EMAIL: _____
☐ EMPLOYEE PLEASE PRINT NAME & EMAIL ADDRESS
☐ INDEPENDENT CONTRACTOR

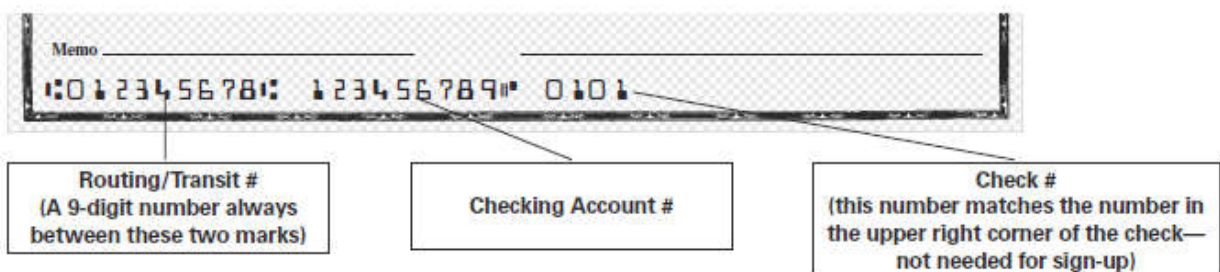
☐ NEW ACCOUNT
☐ DELETE EXISTING ACCOUNT
☐ CHANGE TO EXISTING ACCOUNT
**Pay info will be emailed only*

Authorized Agreement for Direct Deposit
With Alta Mira Specialized Family Services, Inc.

I hereby authorize Alta Mira Specialized Family Services, Inc., hereafter called ALTA MIRA, to initiate credit entries to the account/s at the Financial Institution, hereafter called DEPOSITORY, named below. I authorize ALTA MIRA to initiate debit entries and adjustments for any credit entries made in error. I further agree not to hold ALTA MIRA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my DEPOSITORY, or, due to an error on the part of my DEPOSITORY in depositing funds to my account/s. I also certify that direct deposit transactions I authorize comply with all applicable laws.

DESCRIPTION		AMOUNT
DIRECT DEPOSIT #1	DEPOSITORY NAME : _____	ENTIRE PAY __Y __N <u>OR</u> \$ _____ AMOUNT (NO PERCENTAGES)
	ROUTING # : _____	
	ACCOUNT # : _____	
	TYPE OF ACCOUNT : ____ CHECKING ____ SAVINGS	
DIRECT DEPOSIT #2	DEPOSITORY NAME : _____	\$ _____ AMOUNT (NO PERCENTAGES)
	ROUTING # : _____	
	ACCOUNT # : _____	
	TYPE OF ACCOUNT : ____ CHECKING ____ SAVINGS	

Tip for locating numbers.



This authority is to remain in full force and effect until ALTA MIRA has received written notification from me or upon my separation from ALTA MIRA. I must give ALTA MIRA written notice five (5) business days prior to the pay date to process a termination request, or to make changes to my direct deposit account/s.

If your account is compromised and/or closed, you must have new account information in place and to ALTA MIRA five (5) business days prior to the next pay date or you will need to come in to fill out paperwork for a no charge Visa Debit card issued by Skylight Financial through Bank of Albuquerque.

My signature below indicates that I am either the account holder or have the authority to authorize ALTA MIRA to make direct deposits to the named account/s.

Printed Name

Last four digits SS# _____

Signature

Date _____

**Please note, that in the interest of going green, your pay information will be emailed to the address you provide on the first page.*

PLEASE ATTACH ONE OF THE FOLLOWING FOR EACH DIRECT DEPOSIT:

- A voided check or copy of a check
- A copy of the DEPOSITORY Identification Card (for savings accounts)

NOTE: INCOMPLETE OR UNACCEPTABLE INFORMATION WILL DELAY THE START OF YOUR DIRECT DEPOSIT/S

We suggest you retain a copy of this form for your records.