

# DIRECT DEPOSIT AGREEMENT FORM



## Authorization Agreement

I hereby authorize GDA Property Management, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize GDA Property Management, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold GDA Property Management, LLC 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 GDA Property Management, LLC 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

Account Holder's Name \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking |  Savings  
Routing Number: \_\_\_\_\_

## Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

