

DIRECT DEPOSIT AUTHORIZATION FORM

I _____ hereby authorize the Sarasota Opera Association, Inc to initiate Direct Deposit to my checking/savings account at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Employee notifies the Sarasota Opera Association, Inc in writing to cancel or if the Employee is terminated.

(Name of Financial Institution)

(Address of Institution – Branch, City, State & Zip)

(Employee Name)

(Employee Address, City, State, Zip Code)

Checking Account Number: _____

Financial Institution Routing Number: _____

(Employee Authorization)

(Date)

PLEASE ATTACH A VOIDED CHECK