

Authorization for Direct Deposit
for Expense Checks

Employee Name _____

Distribution
Bank Name:
Account Number:
Transit Routing Number:
This is a (circle one): Checking Savings

By signing this paper, you hereby authorize Sunland to directly deposit your expense check into the bank account specified. This authorization is to remain in force until the company has received a written notification that it is to be terminated or changed. Also, you grant Sunland the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting your account to the extent of such overpayment.

Signature of Employee

Date