



# ARIS Solutions- Veteran Program

## Direct Deposit Agreement Form

- Enrollment in Direct Deposit
- Change in Direct Deposit

Employee Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

### Authorization Agreement

I hereby authorize ARIS Solutions- Veteran Program to initiate automatic deposits to my account at the financial institution named below. I also authorize ARIS Solutions- Veteran Program to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold ARIS Solutions- Veteran Program 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 ARIS Solutions- Veteran Program receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Veteran Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

### Signature

Authorized Signature (Employee): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or bank document and return this form to the Veteran Department.**