



Corporate Office
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Direct Deposit Employee Authorization

I _____ acknowledge and accept that this service is being provided for my convenience. I agree to hold SAR Corp, Inc. each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by SAR Corp and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

I authorize and request SAR Corp to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept and credit entries initiated by SAR Corp to such account and to credit the same to such account without responsibility for the correctness thereof.

It is understood that this agreement maybe terminated by me at any time by written notification to SAR Corp or BANK.

Employee Name: _____ *SS#:* _____

Name of Banking Institution: _____

Account Type: _____ *Checking* _____ *Savings*

Account #: _____ *Routing #:* _____

Name of Banking Institution: _____

Account Type: _____ *Checking* _____ *Savings*

Account #: _____ *Routing #:* _____

I WISH TO CANCEL DIRECT DEPOSIT AS OF _____

Employee Signature

Date

(PLEASE SUBMIT A VOIDED CHECK WITH THIS FORM)