

**Summa Health System**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

**Note:** When making changes to your accounts, the newly completed direct deposit form must include all the accounts you want your pay deposited into. The new form replaces your existing form.

I (we) hereby authorize Summa Health System, hereinafter called Company, to initiate credit entries to my (our) account(s), hereinafter called Depository, to credit the same to such account(s).

**1. Account Type:**     Checking     Savings  
**Account No.:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Bank Routing:** \_\_\_\_\_  
**Check One:**     Entire Amt.     Remainder  
                    Partial Amt.    \$ \_\_\_\_\_

**2. Account Type:**     Checking     Savings  
**Account No.:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Bank Routing:** \_\_\_\_\_  
**Check One:**     Entire Amt.     Remainder  
                    Partial Amt.    \$ \_\_\_\_\_

**3. Account Type:**     Checking     Savings  
**Account No.:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Bank Routing:** \_\_\_\_\_  
**Check One:**     Entire Amt.     Remainder  
                    Partial Amt.    \$ \_\_\_\_\_

**4. Account Type:**     Checking     Savings  
**Account No.:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Bank Routing:** \_\_\_\_\_  
**Check One:**     Entire Amt.     Remainder  
                    Partial Amt.    \$ \_\_\_\_\_

**5. Account Type:**     Checking     Savings  
**Account No.:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Bank Routing:** \_\_\_\_\_  
**Check One:**     Entire Amt.     Remainder  
                    Partial Amt.    \$ \_\_\_\_\_

**6. Account Type:**     Checking     Savings  
**Account No.:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Bank Routing:** \_\_\_\_\_  
**Check One:**     Entire Amt.     Remainder  
                    Partial Amt.    \$ \_\_\_\_\_

This authority is to remain in full force and effect until Company and Depository have received from me notification of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it.

Employee No.		Dept. #		Work No.	
Employee Signature					
Print Name					

Please return completed form to the Payroll Department  
 Payroll Department Phone: 330-996-0360; Fax: 330-996-0361