



# DIRECT DEPOSIT AGREEMENT FORM

## AUTHORIZATION AGREEMENT

I hereby authorize Video Game Heaven Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Video Game Heaven Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Video Game Heaven Inc. 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, or a financial holiday.

This agreement will remain in effect until Video Game Heaven Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

## ACCOUNT INFORMATION

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

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

Account Number \_\_\_\_\_

Checking or Savings? \_\_\_\_\_

## SIGNATURES

Authorized Primary Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Joint Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND RETURN TO PAYROLL DEPARTMENT