



Louisiana HBPA

## Direct Deposit Agreement Form – Horsemen’s Bookkeeper, Single Owner

### Authorization Agreement

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

Further, I agree not to hold Louisiana HBPA 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 Louisiana HBPA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll. **Please submit a copy of a voided check with your form.**

### Account Information

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



### Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Bookkeeper Account Number: \_\_\_\_\_