



LIBERTY REALTY WASHINGTON

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **LIBERTY REALTY WASHINGTON** to initiate automatic deposits to my account at the financial institution named below. I also authorize **LIBERTY REALTY WASHINGTON** to make withdrawals from this account for unpaid monthly dues, business license fees and goods/services ordered.

Further, I agree not to hold **LIBERTY REALTY WASHINGTON** 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 **LIBERTY REALTY WASHINGTON** 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: _____

Checking Savings

Account Number: _____

Signature

Authorized Signature
(Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.