

Maine Maritime Academy
Castine, Maine 04420



Department of Human Resources

Authorization Agreement for Automatic Banking Deposits

Last Name: _____ First Name: _____

Bank Name: _____

Bank Location: _____

ABA Bank Number: _____ - _____ - _____ (9)

Employee Bank Account Number: _____

Checking (C 22)

Savings (S 32)

Date of Prenote: _____/_____/_____

Date of Deposit: _____/_____/_____

I hereby authorize and request MAINE MARITIME ACADEMY (MMA), to make payment for any salary or wages owed me by initiating credit entries and adjusting entries to my account indicated above in the financial institution named above, hereinafter referenced as "Bank", and

I authorize and request Bank to accept any credit entries and adjusting entries initiated by MMA to my authorized account, and to credit the same to such account without fiscal responsibility to MMA.

It is understood that this agreement may be terminated by me at any time by written notification to MMA. Any such notification to MMA shall be effective only with respect to entries initiated by MMA after receipt of and a reasonable time to act on such notification.

By signing below, I certify that I have read and understand this authorization. I acknowledge that I am solely responsible for the distribution of funds from this account.

Employee Signature: _____ Date: _____