The William H. Miner Agricultural Research Institute
1034 Miner Farm Road
PO Box 90
Chazy, NY 12921

www.whminer.org

Current Date

Authorization Agreement for Automatic Deposits

I hereby authorize the William H. Miner Agricultural Research Institute (Miner Institute) to initiate direct deposit to my account(s) designated below:

Checking Account

Bank Name:

Account #:

Routing #:

Amount:

Bank Name:

Account #:

Routing #:

Amount:

Savings Account

Bank Name:

Account #:

Routing #:

Amount:

Bank Name:

Account #:

Routing #:

Amount:

This authority is to remain in full effect until the William H. Miner Agricultural Research Institute has received written notification from me.

Authorization for recovery of funds deposited in error.

By signing this form, the employee and each joint account holder, if any, each consent to allow the William H. Miner Agricultural Research Institute through the financial institution to debt the account, upon notice to the account owners, in order to recover any payment to which the employee was not entitled, which was deposited to the account in error. This means to retrieve salary payment to which the employee is not entitles. This authorization is to remain in full force and effect until Miner Institute has received written notification from me of its termination in such time and manner as to afford Miner Institute and Bank offer Miner Institute and Bank a reasonable opportunity to act on it.

Please note: Participation in direct deposit is voluntary on the individual's part. As such, the individual shall indemnify and hold harmless Miner Institute from and against any and all losses, liabilities, penalties, damages, and expenses incurred by participation in the direct deposit of payroll. It is strongly advised that the participating individual confirm any deposits **before** drawing on the aforementioned account.

Signature

Date

SSN

Phone Number

Please complete and attach a VOIDED check or deposit slip for each account and return to Business Office - Miner Institute.