



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Wright Property Group, LLC** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Wright Property Group, LLC** 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 **Wright Property Group, LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form. Should you have any questions, please contact Wayne Marinik at wayne@wrightpg.com.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

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.

