

direct deposit agreement



For Office Use Only

I hereby authorize blueStone, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize blueStone, LLC to make withdrawals from this account in the event that an entry is made in error.

Further, I agree not to hold blueStone, 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 blueStone, LLC 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

Financial Institution	
Financial Institution Address	
Routing/ABA Number	
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

SIGNATURE

Primary Signature: _____ Date: _____

Joint Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE

Failure to attach check will cause delays in Direct Deposit!