



P O BOX 53, CENTER RIDGE, AR 72027
(479) 259-7143

Direct Deposit Agreement Form

ADOPT A LINE AUTHORIZATION AGREEMENT

I hereby authorize **Truckers Talk Line** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Truckers Talk Line** to make withdrawals from this account in the event a credit entry is made in error.

Further, I agree not to hold **Truckers Talk Line** 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 **Truckers Talk Line** 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: _____

Account Number: _____

SIGNATURE

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attached a voided check or deposit slip and return this form to the payroll department.