

Southland Realtors

Direct Deposit Agreement Form		
Authorization Agreement		
I hereby authorize Southland Real institution named below.	tors to initiate automatic deposits to my a	ccount at the financial
6771	ct until Southland Realtors receives a writ n, or until I submit a new direct deposit for	
Account Information		
Name of Financial Institution:		_
Routing Number:		_
Account Number:		☐ Checking ☐ Savings
	Signature	
Authorized Signature (Primary):	- Continue	Date:
Authorized Signature (Joint):		Date:

Please attach a voided check or deposit slip and return this form to the Payroll Department.