

**DIRECT DEPOSIT  
AUTHORIZATION FORM  
ATTACHMENT 1**

I hereby authorize NMCAA, hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account, in accordance with MCL 440.4601 ;(Article 4A, The Uniform Commercial Code as in effect in Michigan), and the Rules of the National Automated Clearing House Association (NACHA Rules). This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signature

Date

Employee Name (please print)

**FINANCIAL INSTITUTION INFORMATION**

Account #	Financial Inst. Name	Routing/Transit #	Amount	Type of Account
				Checking

**CHECK ONE:**

I am not currently participating in the Direct Deposit Program

ADD – Deposit my pay to the account(s) indicated. \*

I am currently participating in the Direct Deposit Program

CHANGE – Change financial institutions and/or account number. \*

CANCEL – Stop my participation in the program.

\* Due to the time required for the Company and Bank processing, allow one or two pay periods for processing. Payroll will be processed as normal until the change can be completed.