





## Authorization Agreement for Client ACH Debit

I hereby authorize StratEx Partners to initiate automatic deposits to my account at the financial institution(s) listed below. In the event that StratEx Partners deposits funds erroneously into my account, I authorize StratEx Partners to debit my account for an amount not to exceed the original amount of the erroneous credit. Further, I agree not to hold StratEx Partners/LaSalle Network responsible for any delay or loss of funds due to incorrect or incomplete information supplied by myself or my financial institution or due to monies owed to my financial institution(s) on my behalf.

This agreement will remain in effect until StratEx Partners/LaSalle Network 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.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bank Name/City/State:** \_\_\_\_\_

**Routing/Transit#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

Checking  Savings  Other **I wish to deposit: \$** \_\_\_\_\_ **or**  Entire Net

**Bank Name/City/State:** \_\_\_\_\_

**Routing/Transit#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

Checking  Savings  Other **I wish to deposit: \$** \_\_\_\_\_ **or**  Entire Net

**Bank Name/City/State:** \_\_\_\_\_

**Routing/Transit#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

Checking  Savings  Other **I wish to deposit: \$** \_\_\_\_\_ **or**  Entire Net

**Remember**

Funds may be direct deposited to *no more* than 3 Checking accounts and/or Savings accounts.

**ATTACH VOIDED CHECK**