



Authorization Agreement Payroll Direct Deposit

I, request and authorize my employer, Wachusett Mountain Associates, to make direct deposit(s) from my pay to my account(s) at the below named bank:

Employee Name: _____

Bank Name: _____

Bank Routing (ABA)#	Account #	Account Type	Amount (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wachusett Mountain Associates will use care in sending funds to my account. I agree that Wachusett Mountain Associates will not be liable for damages or losses that occur due to an equipment failure, an act by a third party, or any other act beyond Wachusett Mountain Associate's control. Wachusett Mountain Associates liability to me will not exceed the difference between the wages it owes me and the wages it had paid me.

I agree that if an unearned or erroneous payment is credited to my account by Wachusett Mountain Associates I will immediately repay Wachusett Mountain Associates full amount of such unearned or erroneous payment. Further, Wachusett Mountain Associates may correct any error with an electronic debit or by paper entry.

I must tell you in writing if I want to make a change to this agreement.

Wachusett Mountain Associates reserves the right to cancel this agreement at any time.

Employee Signature

Date