



Direct Deposit Agreement Form

Authorization Agreement

I _____ hereby authorize SJI ATM Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize SJI ATM Inc. to make withdrawals from this account in the event that a credit entry is made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Further, I agree not to hold SJI ATM Inc. 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 SJI ATM Inc. receives a written notice of cancellation from my financial institution, or me or until I submit a new direct deposit form to SJI ATM Inc.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please attach a voided check and return this form to SJI ATM Inc.
Email: sjiatm@gmail.com or Fax: 901-751-2532**