



## THE FOX THEATRE

## DIRECT DEPOSIT AGREEMENT

This Form AND a Voided Check or Letter/Form from your Financial Institution can be returned via any of the following methods.  
Email: [dusty.slater@foxtheatre.org](mailto:dusty.slater@foxtheatre.org) | Fax: (404) 881-2007 | Drop Off: Your Department Manager, Front Desk Receptionist, or Security Personnel at the Stage Door.

Employee Name

Department

Last 4 Digits of SSN

**Bank Account #1**

Bank Name

Routing Number

Account Number

Account Type

Checking	Savings
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Entire Net Pay Into This Account

\_\_\_\_\_ % of Net Pay Into This Account

\$ \_\_\_\_\_.00 (Specific Amount) Into This Account

Attached

Voided Check	Letter/Form From Financial Institution
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**Bank Account #2**

Bank Name

Routing Number

Account Number

Account Type

Checking	Savings
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Entire Net Pay Into This Account

\_\_\_\_\_ % of Net Pay Into This Account

\$ \_\_\_\_\_.00 (Specific Amount) Into This Account

Attached

Voided Check	Letter/Form From Financial Institution
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## Authorization Agreement

I hereby authorize The Fox Theatre to initiate automatic deposits to my account at the financial institution(s) named above. I also authorize The Fox Theatre to make withdrawals from the account(s) in the event that a credit entry is made in error.

Further, I agree not to hold The Fox Theatre 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 The Fox Theatre receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fox Theatre Payroll Department.

## Direct Deposit Opt Out

I DO NOT wish to have my payroll check automatically deposited into a checking or savings account.

I understand that I will receive a paper check that must be cashed or deposited immediately upon receipt.

I understand that The Fox Theatre is not responsible for any fees that may be incurred or restrictions applied by any financial institution or check cashing establishment in connection with cashing a paper check.

I also understand that I may choose to enroll in direct deposit at any time by submitting a new form.

X

Signature

Date