



4580 Auto Mall Parkway
Suite 121
Fremont, CA 94538
Phone: 855-5-CANVAS
www.canvasinfotech.com
info@canvasinfotech.com

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Canvas InfoTech Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Canvas InfoTech Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Canvas InfoTech 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 **Canvas InfoTech Inc.** 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.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please scan/attach a voided check or deposit slip and email this form to the Payroll Department at hr@canvasinfotech.com
Or fax it to 866 470 5716**