



**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize **US Appraisal Group, Inc.** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **US Appraisal Group, 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 **US Appraisal Group, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

**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 or deposit slip and return this form to Shawn Adams, Accountant at [shawn@usappraisalgroup.com](mailto:shawn@usappraisalgroup.com) or P.O. Box 18757, Huntsville, AL 35804.**