



Maine Robotics

30 Main Street, #1
Orono, ME 04473

Direct Deposit Agreement Form

Authorization Agreement

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

Further, I agree not to hold **Maine Robotics** 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 **Maine Robotics** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Maine Robotics.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Please direct any questions to Maine Robotics at 207-866-4340