



MEADOW LARK AGENCY, INC. DIRECT DEPOSIT FORM

Carrier Name:		
Address:		
City:	State:	Zip:
Phone:	MC# (Required):	
A/R Contact:	Email:	

AUTHORIZATION AGREEMENT

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

Further, I agree not to hold Meadow Lark 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 Meadow Lark 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.

Deposits can take up to two business days from the transmission date to reach your account.

ACCOUNT INFORMATION

Name of Financial Institution:	
Routing Number:	Checking
Account Number:	Savings
Authorized Signature:	Date:

** Must be able to make binding agreements for the company.*

Please attach a voided check and return this form to the Accounts Payable Department.

Electronic: attach a scan (jpeg, tif or pdf) and email to: accountspayable@meadowlarkco.com

FAX: (866) 400-9821

Mail: Meadow Lark, 2913 Millennium Circle, Billings, MT 59102