

METRA
AUTHORIZATION FOR AUTOMATED DEPOSITS (ACH CREDITS)
BANKS, SAVINGS AND LOANS, AND CREDIT UNIONS

Employee Type (Check One): **Non-Contract** **Contract**

A. Employee Information

Name: _____ ID Number: _____

B. Depository Information – Initial Authorization Change in Financial Institution

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Checking Account Savings Account

Transit #: _____ Account #: _____

(Check With Financial Institution For This Number)

C. Disclosure and Signatures

I authorize my employer, Northeast Illinois Regional Commuter Railroad Corporation, (hereinafter referred to as NIRCRC) to initiate credit entries and to initiate, if necessary, debits and adjustments for any credit entries in error to my Checking or Savings account indicated above and the Depository named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. In the event my payroll deposit is forwarded by NIRCRC to the Depository by the end of the banking day on the 15th and the end of the last business day of each month, but the funds of said payroll deposit are unavailable for withdrawal by the end of the banking day on the 15th and the end of the last business day of the month, I agree that neither NIRCRC, it's directors, nor its employees shall be held **LIABLE** or **RESPONSIBLE** for any delay in payment.

I understand this is a convenience being offered by NIRCRC. Any questions regarding the deposit should be directed to the Depository. This authority is to remain in full force and effect until NIRCRC has received written notification from me of its termination by such time and in such manner as to afford NIRCRC a reasonable opportunity to act on it.

Signature: _____ Date: _____

PLEASE FORWARD THE COMPLETED FORM TO JACKIE FRANKLIN, PAYROLL, METRA, 547 W. JACKSON, CHICAGO IL 60661. ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT IS SELECTED OR SAVINGS ACCOUNT VERIFICATION IF A SAVINGS ACCOUNT IS SELECTED.

D. For Company Use Only

Bank Code: _____

Start Date: _____

Processed By: _____

Reviewed By: _____

Date: _____

Date: _____