

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Check one: New Payroll Deposit Change Deposit Information Revoke Authorization

I hereby authorize my employer, _____, (the "COMPANY"), to initiate credit entries to my account(s) indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account(s). I authorize COMPANY to debit such account(s) in the event of a credit that should not have been made for an amount not to exceed the original amount of the erroneous credit.

NOTE: New direct deposit set ups and bank changes are normally put through *PRE-NOTE*.
Direct deposit will not be live until after pre-note is processed and the set-up is approved.

EMPLOYER / COMPANY NAME _____ COMPANY # _____

EMPLOYEE NAME _____ SSN _____ - _____ - _____
(Please Print)

I want to use a checking or savings account for direct deposit. For deposits to a checking or savings account, please provide bank information below. A separate form is required for each bank.
Attach a voided check for each checking account.

Bank / Depository Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit Routing / ABA Number (9 digits) _____ (Required)

Entire Net Pay (net pay after deductions and other split pay) – I wish to deposit my entire net pay to my:

Checking Account Savings Account

Account Number _____

Payroll split – I wish deposit a portion of my pay to one of the following accounts: (pick one)

Checking Account Savings Account

Indicate amount or % : \$ _____ amount or _____ % of gross pay

Account Number _____

The funds credited to my U. S. bank account, via ACH direct deposit, will not be forwarded in their entirety to an account outside of the territorial jurisdiction of the United States. *Separate form required* if all payroll funds are credited or forwarded to any foreign bank.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. THE COMPANY SHALL RETAIN THIS AUTHORIZATION OR A COPY THEREOF FOR A **PERIOD OF TWO (2) YEARS AFTER** TERMINATION OR REVOCATION OF SUCH AUTHORIZATION

