



<i>For HR use only</i>
Entered by: _____
Date: _____
Employee Identity Verified

Direct Deposit Authorization

Last Name

First Name

Employee ID #

To set up or add a new account to your direct deposit, please attach one of the following documents to this form for each new account:

- A slip from your bank that details your name, account number, and routing number
- Or, a blank check with "VOID" written across it

Select one of the following actions:

- I would like to set up a new direct deposit and have attached the required form(s).
- I would like to change the contribution information for the account(s) listed below.
- I would like to cancel my current direct deposit and add a new one. I have attached the required form(s).

For any of the above three actions, please detail the information for each different account:

- 1) Checking Savings Account Number: _____
I wish to deposit: \$____.____ or _____% or Entire Net Amount
- 2) Checking Savings Account Number: _____
I wish to deposit: \$____.____ or _____% or Entire Net Amount
- 3) Checking Savings Account Number: _____
I wish to deposit: \$____.____ or _____% or Entire Net Amount

- I would like to cancel a current existing direct deposit and receive live checks.

I hereby authorize Employer, either directly or through its payroll service provider to deposit any amounts owed to me, by initiating credit entries into my account at the financial institution (hereinafter "Bank") indicated on this form. In the event that Employer funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Employer has received written notice from me of its termination in such time and in such manner as to afford Employer reasonable opportunity to act on it.

Employee Signature

Date