## DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFO		
LAST NAME	FIRST NAME	EMPLOYEE ID#
COMPANY NAME		COMPANY ID#

PLEASE BE ADVISED: Direct deposit authorization forms require 5 business days to process. Any forms submitted less than five business days prior to check date will be processed the next following check date. (We recommend that all old accounts be kept open until a payroll has successfully been deposited in new accounts.)

The following documentation is required: Checking account - voided check (no deposit slips) Savings account - documentation from your financial institution

ACTION REQUESTED			
New Account Setup	Direct Deposit Change	Cancel Direct Deposit	

## NOTE: Please include all banking information. This form overrides all previous direct deposit authorizations.

ACCOUN	Γ #1		
BANK NAME			ROUTING # (9 DIGITS)
ACCOUNT TYPE		ACCOUNT #	TYPE OF DEPOSIT
Checking	Savings		□ % of net pay:% □ Specific amount: \$

ACCOUN	Г #2			
BANK NAME				ROUTING # (9 DIGITS)
ACCOUNT TYPE		ACCOUNT #	TYPE OF DEPOSIT	Remaining balance
Checking	Savings		□ % of net pay:	% □ Specific amount: \$

ACCOUN	Г #З				
BANK NAME					ROUTING # (9 DIGITS)
		-			
ACCOUNT TYPE		ACCOUNT #	TYP	E OF DEPOSIT	Remaining balance
Checking	Savings			% of net pay:	%

## AUTHORIZATION

By signing, I understand that participating in direct deposits is optional, and in the unlikely event of a deposit error, all corrections				
and/or adjustments will be corrected the following business day. In addition, I acknowledge that the company list	above will not be held			
liable for any bank charges resulting from any direct deposit errors.				
EMPLOYEE SIGNATURE	DATE			

PAYROLL DEPARTMENT	20130926
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