

Direct Deposit Sign Up Form

Employee # _____ Employer Name: _____

Please attach a voided check for each checking account, and attach a deposit slip for each saving account.

Account #1 ___ Checking ___ Savings ___ New ___ Change

Bank Transit/ABA# (9 Digits): _____

Bank Account #: _____

I wish to deposit: ___ \$ _____ or ___ Net Amount or ___ Cancel

Account #2 ___ Checking ___ Savings ___ New ___ Change

Bank Transit/ABA# (9 Digits): _____

Bank Account #: _____

I wish to deposit: ___ \$ _____ or ___ Net Amount or ___ Cancel

Account #3 ___ Checking ___ Savings ___ New ___ Change

Bank Transit/ABA# (9 Digits): _____

Bank Account #: _____

I wish to deposit: ___ \$ _____ or ___ Net Amount or ___ Cancel

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize company 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 Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security#: _____

Employee Signature: _____ Date: _____