

To:	Date Submitted:	Effective Date:
From:	Company:	Office Location:

Direct Deposit Disclaimer: If you are eligible for and choose to enroll in Direct Deposit we recommend that you verify with your bank or financial institution when your funds would be posted to your account and made available to you. Each bank and financial institution has its own process for funds availability.

Do You Want Direct Deposit? Yes No (If yes, please attach a voided check to this form and forward to your branch representative for processing).

Account #1:

Employee Bank Name: _____

Bank Routing (ABA) #: _____ Account No.: _____

Amount: _____ Checking Savings

Account #2 (optional):

Employee Bank Name: _____

Bank Routing (ABA) #: _____ Account No.: _____

Amount: _____ Checking Savings

Note: This Process May Take Up To 2-3 Weeks But Will Not Delay Or Hold Back Your Paycheck.

I hereby authorize _____ (the "Company") to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature _____ Date _____

Print Name _____

Please submit completed form to your branch representative via fax or mail. The safety and security of your financial information is of primary importance to us. Due to the sensitive nature of the information; submitting electronically is not advised without the use of a secure web portal, and if done so, will be at your own risk.