

To: _____	Date: _____
From-Company: _____	Office Location: _____
Company Rep: _____	Branch: _____

DIRECT DEPOSIT FORM



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.

EMPLOYEE NAME: _____
 BANK: _____
 BANK TRANSIT NO. _____
 ACCOUNT NO. _____
 AMOUNT _____

SAVINGS
CHECKING

EMPLOYEE NAME: _____
 BANK: _____
 BANK TRANSIT NO. _____
 ACCOUNT NO. _____

AMOUNT

SAVINGS

CHECKING

- PLEASE NOTE: THIS PROCESS MAY TAKE UP TO 2-3 WEEKS AND WILL NOT DELAY OR HOLD BACK YOUR PAYCHECK.

**AUTHORIZED AGREEMENT FOR PREAUTHORIZED
CREDITS AND CORRECTING DEBITS**

I (we) hereby authorize and request _____, hereinafter called COMPANY, to make payment of any amounts owing to me (either of us) for payroll by initiating credits entries to my (our) account indicated below in the bank named below, hereinafter called BANK. In addition, I (we) also authorize and request COMPANY to initiate debit entries to my (our) account indicated below in the bank named below in the following circumstances and under the following conditions:

1. The debit entry is initiated for the purpose of correcting an erroneous credit previously initiated to my (our) account;
2. The correcting entry is transmitted in such time as to be delivered or made available to the BANK by midnight of the fifth day following settlement of the erroneous entry;
3. Prior to the time the correcting entry is initiated, the COMPANY has sent or delivered to me (us) written notification of such correction and the reason therefor.

I (we) authorize and request BANK to accept any credit or correcting debit entries initiated by COMPANY to such account and to credit or debit the same to such account without responsibility for the correctness thereof:

BANK NAME	
BANK ADDRESS	
DEPOSITOR ACCOUNT NUMBER	

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited or debited to my (our) account by BANK after receipt of notification and a reasonable time to act on it.

Customer Name(s) _____	
Signed _____	Signed _____
Date _____	

TO BE COMPLETED BY THE COMPANY

COMPANY ID NUMBER _____

DEPOSITOR ACCOUNT INFORMATION

Transit Routing Number Transit/ABA
Check Digit

Account Number Information

I:					III					I:
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Transit

ABA

Designated
by the Federal
Reserve

Note: When completing account number information insert a hyphen for each Dash Cue Symbol (III) contained in the field and insert a number sign (#) for each On Us Cue symbol (I:).