

[Empty rectangular box for drawing or notes]

For Internal Use Only
COID: _____
Initials: _____
Date: ____ / ____ / ____

Employee Authorization For Direct Deposit

Employee Name: _____ Employee #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Type of Account: Checking Savings

Account #: _____ ABA#: _____

Net Pay _____ Flat \$ _____ Partial % _____

You must attach a voided check or official bank document to indicate your bank routing number. Employees having pay deposited into checking accounts must attach a personal check with the word "VOID" written in large letters in ink across the face of the check. Do not sign the check.

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

I hereby authorize my employer to deposit my net pay each payday directly into my account and to initiate (if necessary) adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to my employer to terminate this service. I (we) agree that ACH transactions authorized herein shall comply with all applicable U.S. law.

Employee Signature

Date

445 Route 304, Bardonia, NY 10954
Tel: 845-624-8458 Fax: 845-624-8900