Direct Deposit Authorization Agreement

Type of Action	Name of Banking Institution	Type of Account	Bank Account Number	ABA Routing Number	Amount to Deposit
☐ Add		☐ Checking			☐ Total Net Pay
☐ Change		☐ Savings			☐ Specific Amt
☐ Delete					
☐ Add		☐ Checking			☐ Total Net Pay
☐ Change		☐ Savings			☐ Specific Amt
☐ Delete					
☐ Add		☐ Checking			☐ Total Net Pay
☐ Change		☐ Savings			☐ Specific Amt
☐ Delete					

Complete this form for the bank account(s) you want to add, change, or delete. Existing accounts which are not listed above with remain unchanged. To replace one accoutn with another, delte the existing account, then add the new account.

On the first pay date following entry of the Driect Deposit Authorization Form, a zero dollar ("prenotification") alerts the receiving bank that the direct deposit is requested and tests the accuracy fo the ABA routing and bank account numbers. You will recieve a live check on the first pay date. The direct deposit(s) will begin one pay period following the prenotification, provided we do not receive instructions from your bank to make changes to the account information.

You should verify the information that appears on your deposit advice and report any discrepancies to the Human Resources department immediately.

A change in the ammount deposited to an existing account does not require prenotification and will take effect for the first pay date following the entry of the Authorization Form.

Incomplete or illegible Authorization Forms will be returned to the employee for correction

I hereby authorize Employers Choice Plus to initiate credit entries to the bank account(s) listed above and authorize the bank(s) to credit same to my account. This authorization is in effect until revoked by me in writing or by termination of my employment with this company. In the event that Employers Choice Plus deposits funds erroneously into my account, I authorize Employers Choice Plus to debit my account for an amount not to exceed the original erroneous credit amount.

Employee'Signature _____ Social Security Number _____

Printed Name of Employee _____ Date _____

Employer Name _____

Checking Accts REQUIRE an attached voided check or photocopy of a check
Savings Acct REQUIRE a pre-printed deposit slip and VERIFIED ABA Routing Number