



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Type of Action	Name of Banking Institution	Type of Account	ABA Routing Number	Bank Account Number	Amount To Deposit
<input type="checkbox"/> Add		<input type="checkbox"/> Checking			<input type="checkbox"/> Total Net Pay
<input type="checkbox"/> Change	_____	<input type="checkbox"/> Savings	_____	_____	<input type="checkbox"/> Specific Amount
<input type="checkbox"/> Delete					_____
<hr/>					
<input type="checkbox"/> Add		<input type="checkbox"/> Checking			<input type="checkbox"/> Total Net Pay
<input type="checkbox"/> Change	_____	<input type="checkbox"/> Savings	_____	_____	<input type="checkbox"/> Specific Amount
<input type="checkbox"/> Delete					_____
<hr/>					
<input type="checkbox"/> Add		<input type="checkbox"/> Checking			<input type="checkbox"/> Total Net Pay
<input type="checkbox"/> Change	_____	<input type="checkbox"/> Savings	_____	_____	<input type="checkbox"/> Specific Amount
<input type="checkbox"/> Delete					_____

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

On the first pay date following entry of the Direct Deposit Authorization Form, a zero dollar ("prenotification") alerts the receiving bank that the direct deposit is requested and tests the accuracy of the ABA routing and bank account numbers. You will receive 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 amount deposited to an existing account does not require prenotification and will take effect 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's Signature

Social Security Number

Printed Name of Employee

Date

Required for Checking Accounts:
Attach a Voided Check or Photocopy of a Check

Required for Savings Accounts:
Attach a Pre-Printed deposit slip;
Verify the ABA Routing Number
with your Banking Institution