



Authorization Agreement for Automatic Direct Deposit

Date: _____

Employee Name: _____ Suffix _____
Please Print Clearly

****FAILURE TO COMPLY WITH INSTRUCTIONS WILL RESULT IN DELAYS****

I hereby authorize ADP 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 ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

Attach a voided check or documentation from your financial institution indicating your account number and their routing transit number. *Deposit slips are not acceptable.* This information may be found on your On-line banking source. If you do not have the required documentation, please have your financial institution representative complete the section below. To distribute funds to more than one account, please complete another form.

Checking OR Savings

Fixed Amount of \$_____ OR Entire Net Amount

X _____
Employee Signature Date

TO BE COMPLETED BY FINANCIAL REPRESENTATIVE ONLY

Financial Institution: _____

Transit/ABA # _____

Account #: _____

Financial Institution Representative Date

Direct Deposit will Occur on Your SECOND Check Issued After Sign-Up

Please check your pay stub **and** bank account balance for accuracy **BEFORE** issuing checks or payments