

ATTACH CHECK HERE

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____-____-_____

Employee Signature: _____ Date: _____

Account Information

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$_____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$_____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$_____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.