AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSITS

YOU MUST COMPLETE A SEPARATE FORM FOR EACH ACCOUNT YOUR ARE ADDING OR CHANGING.

If this is a new account:

- 1. The account must be established and active at your bank before you request direct deposit
- 2. Confirm the bank accepts direct deposits and verify the transit routing and account numbers.
- 3. For savings account, you MUST confirm the transit routing number with your bank.
- 4. Notify the bank that you are going to set up direct deposit through payroll.

Ple	ease check the appropriate and complete:		
	Canceling account (item C below). Payroll must cancel direct deposit before you cancel account.	_ DECLINE Direct Deposit (signature required below	
	Direct deposit already set up changing dollar account only (C through E below	v)	
	New account (A through E below)		
	New account to replace an existing direct deposit (A through E) Account number you are replacing (REQUIRED)		
A.	Bank Name Your NAME 1234 Main Street Anywhere, OH 00000	123 D DATE	
В.	Bank Routing Number	\$ DOLLARS	
		(:000123456789 1:123	
<u>C.</u>	Bank Account Number ROUTING NUMBER	ACCOUNT CHECK NUMBER NUMBER	
D.	Checking Savings HSA		
Ε.	Full Deposit Partial Deposit (amount per pay date) \$		
If	possible, please send a copy of a VOIDED CHECK for Checking accounts, or a DEPC Each new account will go through a pre-note process that will take appr Please contact the SSI Accounting Department with any questions: (oximately 10 days.	
>	I authorize ADP and the bank listed above to deposit my net pay or portion thereof as indicated into my account each pay date.		
>	If funds to which I am not entitled are deposited to my account, I authorize ADP to direct the band to return said funds to ADP.		
>	I understand that my deposit may not be credited to my account until $5:00\ p.m.$ the check voucher.	on the pay date indicated on	
	Associate (employee) Name: (Print)		
	Associate Signature:		
	Social Security # (required):	Date	