

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

1. EMPLOYEE INFORMATION

Last Name:	First Name:	MI:	Social Security Number:
------------	-------------	-----	-------------------------

2. FORM INSTRUCTIONS

- Complete this form electronically, or **CLEARLY PRINT** all information using a **ballpoint pen**. **Do not forget to sign and date.**
- Contact your financial institution to confirm your saving and/or checking account ABA/Routing Number(s) and account number(s).
- For each checking account, attach a copy of a check to the form. Write "VOID" across the check. Your name must be printed on the check. Sirius Solutions, LLLP does not accept starter checks
- Submit the completed form to Human Resources.
- Bank Pre-Note Period**
The payroll office will confirm the validity of the account number (s) listed including bank routing and transit numbers. The automated clearinghouse (ACH) process requires that direct deposit entries with zero dollar amounts be sent through the network as a test before the actual direct deposit for an employee. This "PRENOTE" must be sent at least 10 calendar days before any actual pay is sent through the network. Please allow up to 2 – 4 weeks for direct deposits to be activated. This is a test of the accuracy in information you provided with this authorization agreement. If the entry cannot be processed by the ACH, it will be returned to Sirius Solutions, LLLP, at which time a payroll representative will contact you to rectify any incorrect information.

3. DIRECT DEPOSIT CHOICE

New **Cancel** **Change:** **(Also use the Explain Change section)**

I direct the following amount(s) be set up as Direct Deposit: *(The payroll system will allow deposits in up to 2 different checking accounts.)*

Full Net Deposit (take home pay) <i>(If partial Deposit, complete below)</i>	<input type="checkbox"/> Yes, net deposit	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank ABA/Routing No.: _____
			Bank Account No: _____
			Bank Name: _____
			Phone: _____
Explain Change: _____			
Partial Deposit (indicate amount)	\$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank ABA/Routing No.: _____
			Bank Account No: _____
			Bank Name: _____
			Phone: _____
Explain Change: _____			
Partial Deposit (indicate amount)	\$ _____	<input type="checkbox"/> Savings	Bank ABA/Routing No.: _____
			Bank Account No: _____
			Bank Name: _____
			Phone: _____
Explain Change: _____			

4. TERMS OF AGREEMENT AND AUTHORIZATION OF PAYROLL DEPOSIT

- I have read and understand the employee direct deposit information.
- I understand that I am responsible, upon receiving my pay statement of deposit, to verify with my bank that my account has been credited.**
- I agree to promptly notify Sirius Solutions, LLLP, of changes in my bank or account status.
- I understand that this authorization remains in full force and effect while I am a Sirius Solutions, LLLP employee unless Human Resources receives my timely written request to terminate.
- When I sign this form, I am in agreement, that any funds erroneously deposited into my account(s) in excess of my authorized amount or current salary entitlement, Sirius Solutions, LLLP has the authorization to initiate debit entries and adjustments to correct the error without any liability.

Signature _____ Date _____