EM	PLOYEE DIRECT DE	POSIT AUTHORIZATION	AGREEMENT
CLI	ENT #: <u>ZZT</u> (MUS	ST HAVE YOUR 4 DIGIT CL	IENT NUMBER)
New Pay	roll Deposit Ch	nange Deposit Information	Revoke Authorization
any amounts owed me authorize BANK to acc	by initiations credit entries to my a ept and to credit any credit entries in	, (Hereinafter COMPANY) ar account at the financial institution (Hereina adicated by COMPANY or ADP to my account and the financial institution (Hereina adicated by COMPANY or ADP to debit my account for an a	fter BANK) indicated below. Further, I unt. In the event that COMPANY or ADP
Employee Signatu	Ire X	D	ate
Employee Name (	Print) X	S:	S#
Employee Numbe	r X		
	Comple	ete Section 1 OR Section 2	
SECTION 1:	CHECKING ACCOU		с)
Bank Name			State
		Entire Net Pay	
	The numbers on to make the electro EASE NOTE THAT ELIG		ount. SIT WILL OCCUR
		-OR-	
SECTION 2:	SAVINGS ACCOUNT:	Call Your Bank To Obtain	The Following Information:
Bank Name		City	State
		Entire Net Pay	
		e Complete The Following)	
BANK ROUTIN	IG & TRANSIT #		$\_$ (MUST BE 9 DIGITS)
EMPLOYEE'S S	SAVINGS ACCOUNT # _		