

**DIRECT DEPOSIT OF PAY or PAY CARD
EMPLOYEE AUTHORIZATION**

Payroll Department Phone: 248-423-3888 FAX: 248-423-3899

PLEASE PRINT

Date	Employee ID Number	Phone Number	Div/RC (or dept. name)
Employee Name			
Employee Signature		Social Security Number	

Two options are available for employees to receive wages: direct deposit to the employee's account(s) at a U.S. based financial institution or a payroll debit card (pay card). Instructions are on the back of form.

Select One Option:
I authorize a PAY CARD - William Beaumont Hospital is authorized to deposit my net pay, each payday, on a payroll debit card. *Failure to return this form with the account information necessary to implement direct deposit will be presumed to indicate consent to receive wages through a payroll debit card (pay card).*

I authorize DIRECT DEPOSIT - William Beaumont Hospital and the financial institution(s) listed below are authorized to deposit my net pay, each payday, into the account(s) listed below.

Adjusting entries to correct deposit errors to debit card or direct deposit are also authorized. This authorization will remain in effect until cancelled in writing by me.

For direct deposit, please contact your Financial Institution to obtain/verify the routing and account numbers.

1	New Account: Financial Institution (Complete Name)			City
	State			
Bank Routing Number		Ck/Sav	Account Number	\$ Amount or 100%
2	New Account: Financial Institution (Complete Name)			City
	State			
Bank Routing Number		Ck/Sav	Account Number	\$ Amount or 100%
3	New Account: Financial Institution (Complete Name)			City
	State			
Bank Routing Number		Ck/Sav	Account Number	\$ Amount or 100%
4	New Account: Financial Institution (Complete Name)			City
	State			
Bank Routing Number		Ck/Sav	Account Number	\$ Amount or 100%

IF YOU ARE CHANGING THE DOLLAR AMOUNT ONLY ON YOUR EXISTING DIRECT DEPOSIT(S), PLEASE FILL IN THE BOXES BELOW. AMOUNT CHANGES ARE EFFECTIVE ON YOUR NEXT PAY DATE. SIGN AND DATE AT TOP OF FORM.

Account - Ck/Sav # _____			
New \$ amount _____			

INSTRUCTIONS FOR DIRECT DEPOSIT OF PAY or PAY CARD

EMPLOYEE AUTHORIZATION FORM #5465

1. Determine the wage payment option on page 1 (Payroll debit card or Direct Deposit). Enter the date and employee information in the boxes provided and sign the form. Your pay stub will be available online, located on the *Inside Beaumont* website; select Human Resources, ADP Online Pay Statements.

Continue below for Direct Deposit Instructions

2. Determine Financial Institution(s) and account(s) into which you want your pay deposited. This can be up to four accounts and four different institutions. Unless you are having 100% deposited into an account, you must use a dollar amount, PERCENTAGES ARE NOT ACCEPTABLE.
3. Enter the financial institution and account information requested in the boxes provided.
4. It is recommended to verify the account number(s) and routing number(s) with your Financial Institution. This will eliminate problems with some institutions, primarily Credit Unions, which do not print the exact Direct Deposit number on the check and deposit slip.
5. Forward or fax the form to the Payroll Department. Phone: 248-423-3888 Fax: 248-423-3899
6. **There is a one-pay period delay in the set-up of a new direct deposit. The first pay period after the account is set-up, a regular check will be mailed.** This first pay period is used as a test to insure the deposit will go to the correct institution(s). The last four (4) numbers of each account will be displayed on the online pay stub.

It is the employee's responsibility to verify the deposit of wages to the account number(s) and notify Payroll if there are any changes. The amount of the direct deposit on the first check stub will be listed as \$0.00. The second pay period, your net pay will be directly deposited to the account(s).

EMPLOYEE CANCELLATION OF DIRECT DEPOSIT OF PAY			
I authorize William Beaumont Hospital (Beaumont Health System) to cancel direct deposit of my pay to the financial institution(s) listed below. I understand that if I cancel all accounts, I will receive a pay card. If I do not cancel all accounts, my pay will be deposited to the remaining accounts in the sequence originally requested, with one account receiving balance of net pay.			
Employee Name (please print)			Employee Signature
Employee ID#	Division	RC#	Date
Financial Institution			Account Number
Financial Institution			Account Number
Financial Institution			Account Number
Financial Institution			Account Number