GALACTIC INC
HR - Payroll - Benefits - Insurance

Direct Deposit Authorization Form

Your Legal Name: (First & Last)	Client Company:

Last 4 Digits of SSN:	You have the option to have your check deposited into your bank account(s). Please provide the required information below. If you have more than 2 accounts, submit the required account information on a separate form. Once your Direct Deposit Authorization Form is submitted, please allow up to 2 pay cycles to be processed for your request to take effect.
XXX – XX – __ __ __ __	
Your Phone Number:	
( ) -	

Account #1:	**Name of Bank:**			What **Dollar Amount** OR **Percentage of Net Pay** would you like deposited into Account #1? (If this is left blank, the full amount will be deposited into Account #1.)
This account is a: (place an **X** in one of the following)	☐ Checking ☐ Savings	☐	I would like to cancel future deposits to the following account.	$ _____.00 **OR** _____%

[ATTACH **copy of voided check** OR **bank account print out** HERE]

Account #2:	**Name of Bank:**			
This account is a: (place an **X** in one of the following)	☐ Checking ☐ Savings	☐	I would like to cancel future deposits to the following account.	☐ Place an **X** in this box to have the remainder deposited into Account #2.

[ATTACH **copy of voided check** OR **bank account print out** HERE]

I hereby authorize Galactic Employer Services, Inc. (Galactic) to deposit my net pay to the bank(s) and account(s) listed above. This authorization is to remain in effect until Galactic receives written notification from me of its termination in a time and manner that allows Galactic and the bank(s) a reasonable opportunity to act upon it. In the event Galactic notifies the bank(s) of funds to which I am not entitled have been deposited to my account(s) in error, I authorize and direct the bank(s) to return said funds to Galactic as soon as possible. If the funds erroneously deposited to my account(s) have been drawn from the account(s) so return of the funds by the bank(s) to Galactic is not possible, I authorize Galactic to recover those funds by setting off the amount erroneously paid to me from any future payments from Galactic until the amount of the erroneous deposit has been recovered in full. I understand that deposits must be verified before attempting to withdraw funds or write checks from the account(s). I understand Galactic reserves the right to not process any Direct Deposit Authorization Form request which has not been filled out to completion.

Employee Signature:		**Date:**	

Return to Galactic Inc. via: Fax: (205) 322-1118 Email: Payroll@galactic-inc.com