

Direct Deposit Authorization Form

Client Name:	Date:
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Employee Information (Required)

Last Name:	First Name:
Last Four Numbers of Social:	Daytime Phone Number:

Reason for Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Changing Account Percentage or Amount On File	<input type="checkbox"/> Adding An Account to Current Set-up	<input type="checkbox"/> Terminate ALL Direct Deposit Authorizations on File and Recieve a LIVE Check
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Authorization Agreement

I hereby authorize the electronic deposit(s) into my designated account(s) listed below. In the event of an error in a deposit, I also authorize the necessary corrective actions to rectify the error, which may include debits and credits. I understand that this authorization is to remain in full force and in effect until I submit a written notification of its termination in such matter to afford such time for all parties to act on it. This authorization is automatically terminated if my employment should cease for any reason. I understand that this authorization may take up to three weeks to fully activate to allow for pre-noting and approval by my banking institution(s). I also understand that NO paper stubs are produced for checks that are 100% direct deposited. I will be required to view my check stubs at www.midwesthr.com using the employee login procedure provided to me.

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified by this authorization. No party can guarantee the time or date of the direct deposit. Because of banking holidays, banking procedures, computer or human error, your direct deposit may not be received in a timely manner.

Please be aware that it is YOUR responsibility to assure that your bank has received your deposit before you use the funds. The originator cannot and will not accept responsibility for overdraft or late charges assessed if the direct deposit is not received.

The originator has up to 5:00pm cst on the pay check date to deposit funds in the account(s) listed below.

Signature:	Date:
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Banking Information

Bank/Institution Name	Type of Account (checking, savings, credit union)	Account Number	Routing Number	Amount per Check or Net Check Amount

**A VOIDED CHECK FOR EACH ACCOUNT MUST ACCOMPANY THIS FORM
IN ORDER TO PROCESS THIS AUTHORIZATION**

Please verify the routing number with YOUR BANK BRANCH; many institutions utilize different routing number for ACH (direct deposit) transactions.

For Office use Only:

Date Notice Received:	Initials:	Pre-Note Date:	Initials:
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