



Associate Direct Deposit Initiation/Change Form

Hampton Inn & Suites Albany

Instructions:

Associate: Please fill out Associate - Required Information, direct deposit Information, and sign form, then return to your General Manager along with the required documentation. Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for information specific to your account.

Associate - Required Information

Please Print

Associate Name: _____

Associate File #: _____

☐ New/Additional Account

☐ Change Account

☐ Change in Amount

☐ Other (please explain) _____

Complete for Direct Deposit

I would like my wages/salary deposited to the following bank account(s):

Bank Name	Amount or Net		Account Number
	Type	Paycheck	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

REQUIRED DOCUMENTATION FOR EACH ACCOUNT:

☐ **Voided Check for each checking account**

We are unable to accept temporary or starter checks.

Deposit slips are only accepted if the verbiage 'ACH R/T' appears before the routing number.

☐ **Or - Bank letter or specification sheet (signed by a Bank Representative) for all other accounts***

**See your local bank representative*

ASSOCIATE AUTHORIZATION

I authorize Vista Host Inc./Chapel 25 Hotel Associates, LP to make direct deposits into the named account. I acknowledge responsibility for providing complete and accurate information on this authorization form. I understand it may take up to three (3) pay periods for the direct deposit to activate. I further acknowledge responsibility to verify deposits on a per pay period basis before writing checks against these funds. I agree that Vista Host Inc./Chapel 25 Hotel Associates, LP will not be held responsible for bank errors or bank fees.

I understand I may cancel these Direct Deposit(s) at any time by utilizing this form.

Vista Host Inc./Chapel 25 Hotel Associates, LP reserves the right to *reverse* an incorrect posting; however, I fully understand that Vista Host Inc. must notify me on or before the settlement date (payday) and explain the reason for the reversal.

Associate Signature _____

Date ____ / ____ / ____ **Return this original form**

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize Vista Host Inc./Chapel 25 Hotel Associates, LP to make direct deposits into the named account.

Accountholder Signature _____ (if associates name does not appear on bank documentation)