



PAYROLL DIRECT DEPOSIT SIGN-UP FORM

If you are wanting to deposit to multiple accounts, please complete a separate form for each account.

Check one:

- Set up new account
- Change existing account
- Add additional account

STORE # _____

TEAM MEMBER NAME		
ADDRESS (Street, Route, P.O Box)		
CITY	STATE	ZIP CODE

TEAM MEMBER NUMBER
SOCIAL SECURITY NUMBER
TELEPHONE NUMBER

BANK INFORMATION

NAME OF BANK	
TYPE OF ACCOUNT (CIRCLE ONE)	
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
PERCENT OF NET	_____ %
OR AMOUNT	\$ _____

ROUTING NUMBER (always 9 digits)																			
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ACCOUNT NUMBER																			
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I hereby authorize United Supermarkets, Ltd., to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries made in error to my account indicated above and the bank named above to credit and/or debit the same to such account.

SIGNATURE

DATE

PLEASE ATTACH A VOIDED CHECK OR OTHER ACCOUNT VERIFICATION FROM YOUR BANK.

NO DEPOSIT SLIPS, PLEASE.

** FORM WILL BE RETURNED FOR FAILURE TO ATTACH PROPER DOCUMENTS.**

FOR OFFICE USE ONLY	
Date Entered _____	Entered By _____