

WILCREST FIELD SERVICES, INC.
DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____
(PLEASE PRINT)

SOCIAL SECURITY NUMBER: _____

BANK NAME: _____

BANK TRANSIT NUMBER: _____
(MUST BE 9 DIGITS)

BANK ACCOUNT NUMBER: _____

CHECK ONE OF THE FOLLOWING CHECKING: OR SAVINGS:

**I AUTHORIZE ADP AND THE BANK LISTED ABOVE TO DEPOSIT MY NET PAY AS INDICATED INTO MY ACCOUNT EACH PAYDATE.

**IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED TO MY ACCOUNT, I AUTHORIZE ADP TO DIRECT THE BANK TO RETURN SAID FUNDS TO ADP.

**I UNDERSTAND THAT MY DEPOSIT MAY NOT BE AVAILABLE IN MY ACCOUNT UNTIL MONDAY FOLLOWING PAYDATE INDICATED ON THE CHECK VOUCHER.

EMPLOYEE SIGNATURE: _____ DATE: _____

****NOTE****

PLEASE CONFIRM WITH YOUR BANK THAT IT WILL ACCEPT DIRECT DEPOSIT.
YOUR ACCOUNT MUST BE ESTABLISHED AND ACTIVE AT YOUR BANK BEFORE YOU
REQUEST DIRECT DEPOSIT.

PLEASE RETURN THIS FORM WITH A VOIDED CHECK FOR CHECKING OR A DEPOSIT SLIP FOR
SAVINGS ACCOUNTS TO THE PAYROLL DEPARTMENT.

ATTACH CHECK