

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

Employee Name: _____

Employee Nickname: _____

Employee E-Mail: _____

Employee SSN: _____

Employer: _____

I hereby authorize Savers Administrative Services, Inc. and the financial institution(s) listed below to deposit my pay automatically to my:

<input type="checkbox"/> Account #1 <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____	<input type="checkbox"/> Account #2 <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____
<input type="checkbox"/> Account #3 <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____	<input type="checkbox"/> Account #4 <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____

(For additional accounts, please fill out a second sheet)

This authority will remain in full force and effect until Savers Administrative Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Savers Administrative Services, Inc. a reasonable opportunity to act on it.

Signature _____ **Date** _____

Bank Branch Name _____	City _____	State _____
<input type="checkbox"/> Checking #1 _____	<input type="checkbox"/> Savings #1 _____	Bank Transit # _____ Account # _____

Bank Branch Name _____	City _____	State _____
<input type="checkbox"/> Checking #2 _____	<input type="checkbox"/> Savings #2 _____	Bank Transit # _____ Account # _____

Bank Branch Name _____	City _____	State _____
<input type="checkbox"/> Checking #3 _____	<input type="checkbox"/> Savings #3 _____	Bank Transit # _____ Account # _____

Bank Branch Name _____	City _____	State _____
<input type="checkbox"/> Checking #4 _____	<input type="checkbox"/> Savings #4 _____	Bank Transit # _____ Account # _____

****AN ACTUAL VOIDED CHECK OR DEPOSIT SLIP(S) MUST BE ATTACHED****

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct ACH transit routing number from your financial institution.



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