

Merck & Co., Inc.

Authorization Agreement for Electronic Funds Transfer of Payroll Checks

<http://peopleinfo.merck.com>

Name _____	WEIN No. _____
	or
Location _____	Social Security No. _____
PAYROLL STATUS Monthly _____ Semi-Monthly _____ Hourly _____ Retiree _____	

I hereby authorize Merck & Co., Inc. to electronically transfer my payroll earnings (credit entries) to my checking accounts and/or savings accounts in the depositories named below and to make adjustments (debit entries), if necessary, for any credit entries in error. I authorize the depositories to accept and to credit the amount of such entries to my account.

Please identify where you want your Net (take home pay) to be deposited. You may select up to four additional EFT accounts with fixed dollar amounts. Please allow one to two pay periods for this information to become effective.

Transit/ABA No. (9 Digits)	Account No.	Checking(C) Savings (S)	Net & Fixed Dollar Amount	New (N) Change(C) Same (S) Cancel (X)
			(Required)	
1) 231386645	_____	_____	NET	_____
2) _____	_____	_____	\$ _____.	_____
3) _____	_____	_____	\$ _____.	_____
4) _____	_____	_____	\$ _____.	_____
5) _____	_____	_____	\$ _____.	_____

You must select one account to receive net earnings. Total check must be deposited.

Please attach a voided blank check for checking accounts.
Please contact your financial institution for savings account information.

The "Miscellaneous Section" of your pay stub will inform you where your funds were deposited. Please confirm receipt of your funds with your bank(s) on payday.

This authority is to remain in full force during my employment or until Merck & Co., Inc. notifies me of the unavailability of the direct deposit program. I understand that Payroll will require written notification from me to initiate, cancel and/or change instructions for the bank accounts to which I want funds deposited. I understand that if the bank indicated above is not a participating bank with the National Automated Clearing House Association, this authority will not be effective.

Employee Signature	Date	Mail Location	Phone
_____ Please sign and return to "Payroll EFT, CR-PR." Please photocopy for your records.			

Employee Services 1-800-255-5794 or 1-908-236-1999