



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE COMPLETE AND FORWARD TO YOUR ACCOUNT SPECIALIST AT CSC PAYMASTER

Company# 2390
Employee# _____

I (we) hereby authorize and request, Frank Olean Center, hereinafter called COMPANY, to make payment of any amount owing to me (either of us) for either deposit of net pay or payroll deduction, as indicated below, by initiating entries to my (our) account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to credit the same to such account without the responsibility for the correctness thereof. In the event that COMPANY deposits funds erroneously into my (our) account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee BANK Information

Employee Name: (please print) _____
 Deposit Change Information Cancel

Bank Name: _____ State _____
Transit Number: (9 digits): _____ Account #: _____

Checking (**attach void check**) I wish to deposit (check one) \$ _____ % Net Entire net pay
Savings (**attach savings slip**) I wish to deposit (check one) \$ _____ %Net Entire net pay

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature : _____ Date : ___/___/___

ATTACH ACCOUNT INFORMATION HERE