EMPLOYEE DIRECT DEPOSIT INFORMATION and AUTHORIZATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST LAST MIDDLE

BANK ACCOUNT NUMBER: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

BANK ROUTING NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANKING INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ACCOUNT: (CIRCLE ONE) CHECKING SAVINGS

I, the undersigned, agree to have my complete paycheck from Direct & Correct, Inc. deposited in the above listed account every week for the term of my employment. If my employment with Direct & Correct, Inc. is terminated for any reason, I understand my last paycheck will be deposited into this account. By signing below, I certify that information listed on this form is correct and understand that Direct & Correct, Inc. can not be held liable for monies lost due to incorrect Bank Account Information given by Employee to Direct & Correct, Inc. or for bank account information that was changed by employee but not reported to Direct & Correct, Inc. If my Bank Account Information is changed at any time, I understand that I am responsible to immediately update the information with Direct & Correct, Inc. and my failure to do so may result in my paycheck being deposited into the account information still on file with Direct & Correct, Inc. Direct & Correct, Inc. is NOT accountable for monies lost due to an employee’s failure to update Bank Account / Direct Deposit Information. DO NOT E-MAIL, TEXT OR SUBMIT THIS FORM VIA WEBSITE – THIS FORM IS ONLY TO BE DROPPED OFF, IN PERSON, AT THE OFFICE.

Employee Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

RECEIVED BY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTERED BY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_