

Direct Deposit Form

<p>1. Complete the Employee Information section. 2. Complete the Bank Information section. 3. Sign the Form and Return to your HR Office. 4. Keep a copy for your Records. 5. If any of this Information changes, complete a New DD Form</p>	<p>ATTACH:</p> <p style="text-align: center;">A VOIDED Check or Bank Specification Sheet or Bank Letter</p>
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<p>Employee Information</p> <p>Name: _____</p> <p>Social Security Number: _____</p>
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Please deposit my wages/salary into the following bank account(s):

Bank Information 1	
<p>Checking 1:</p> <p>Bank Name: _____</p> <p>Transit/Acct. No: _____</p> <p>Account Allocation:</p> <p><input type="checkbox"/> Entire Paycheck or</p> <p><input type="checkbox"/> _____ % of Net or</p> <p><input type="checkbox"/> Dollar Amount: \$ _____ .00</p>	<p>Savings 1:</p> <p>Bank Name: _____</p> <p>Transit/Acct. No: _____</p> <p>Account Allocation:</p> <p><input type="checkbox"/> Entire Paycheck or</p> <p><input type="checkbox"/> _____ % of Net or</p> <p><input type="checkbox"/> Dollar Amount: \$ _____ .00</p>
Bank Information 2	
<p>Checking 2:</p> <p>Bank Name: _____</p> <p>Transit/Acct. No: _____</p> <p>Account Allocation:</p> <p><input type="checkbox"/> Entire Paycheck or</p> <p><input type="checkbox"/> _____ % of Net or</p> <p><input type="checkbox"/> Dollar Amount: \$ _____ .00</p>	<p>Savings 2:</p> <p>Bank Name: _____</p> <p>Transit/Acct. No: _____</p> <p>Account Allocation:</p> <p><input type="checkbox"/> Entire Paycheck or</p> <p><input type="checkbox"/> _____ % of Net or</p> <p><input type="checkbox"/> Dollar Amount: \$ _____ .00</p>

By signing this form, I agree to and accept the following:

I authorize HR Alliance (HRA) each pay period for which I receive a payroll check to initiate automatic deposits for credit to my account at the financial institution (Bank) indicated above. In addition, I authorize the Bank to accept and credit to my account any deposits initiated by HRA. In the event HRA deposits funds in error into my account, I authorize HRA to debit my account for an amount for an amount not to exceed the amount of the erroneous credit.

This authorization will remain in effect until revoked by me, in written form, in a time and manner as to afford HRA a reasonable opportunity to act on it. This authorization bears my signature as is dated.

Signature	Date