



Authorization for Direct Deposits- Employee Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. **Attach a voided check for each checking account – not a deposit slip.** If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

This authorizes JH Technical and Data Services to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account # 1
DEPOSIT (amount or %) _____
ACCOUNT TYPE (e.g. Checking or Savings) _____
EMPLOYEE BANK NAME _____
BRANCH _____
CITY, STATE _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA#) _____

Account # 2
DEPOSIT (amount or %) _____
ACCOUNT TYPE (e.g. Checking or Savings) _____
EMPLOYEE BANK NAME _____
BRANCH _____
CITY, STATE _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA#) _____

Important! Please read and sign before completing and submitting.
I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.