



DIRECT DEPOSIT AUTHORIZATION

Date: _____ Social Security No. _____ - _____ - _____

Name (Last): _____ First: _____ MI: _____

Client #: _____ Client Name: _____

Complete this section if enrolling or changing financial institution, branch or account or if you are canceling Direct Deposit.

NEW CHANGE CANCELLATION

You may designate any financial institution or credit union in the U.S. You may have your earnings distributed in multiple checking and/or savings accounts. There will be a pre-note period on all accounts before your Direct Deposit will be in effect.

1. _____ Bank Name	_____ Amount	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> HSA
_____ Bank ABA Routing Number	_____ Bank Account Number	
2. _____ Bank Name	_____ Amount	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> HSA
_____ Bank ABA Routing Number	_____ Bank Account Number	
3. _____ Bank Name	_____ Amount	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> HSA
_____ Bank ABA Routing Number	_____ Bank Account Number	
4. _____ Bank Name	_____ Amount	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> HSA
_____ Bank ABA Routing Number	_____ Bank Account Number	

I hereby authorize emergent HR or its subsidiaries to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the accounts I have named above. This agreement is to remain in effect until emergent HR has received written notification from me of its cancellation in such time to afford emergent HR and the Depository named above a reasonable opportunity to act on it. If I change accounts or wish to stop this automatic deposit for any reason, I will notify the emergent HR Payroll Department immediately at 800-256-7823. I understand that if a copy of a void check is not attached that I am responsible for the accuracy of the information provided above and that a delay in the set-up of my direct deposit is possible.

Please Note: Posting times vary depending on your financial institution(s).

Employee Signature: _____ Date: _____

Attach copy of voided check.

Name _____	Date: _____	0001
Address _____		
Pay to the order of _____	\$ _____	
_____	DOLLARS	
Bank Name _____		
For _____		
(ABA Routing#):123456789:	(Account#) 00112233445566	(Ck#) 0001