



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

EMPLOYEE NAME:	Please check one:	<input type="checkbox"/> New Participant <input type="checkbox"/> Change in account <input type="checkbox"/> Addition of account
SOCIAL SECURITY NUMBER:		

PLEASE SELECT OPTION 1 OR OPTION 2:

OPTION 1 (for accuracy, *please attach a voided check(s), NOT a deposit slip*):

I hereby authorize The Employer Group to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institution(s) indicated below. Further, I authorize the financial institution(s) listed below to accept and credit entries indicated by The Employer Group to debit my account(s). In the event that The Employer Group deposits funds erroneously into my account(s), I authorize The Employer Group to debit my account(s) for an amount not to exceed the original amount of the erroneous credit.

Financial Institution One	Financial Institution Two	Financial Institution Three
Financial Institution Name	Financial Institution Name	Financial Institution Name
City/State/ZIP	City/State/ZIP	City/State/ZIP
Account Number	Account Number	Account Number
Routing & Transit Number	Routing & Transit Number	Routing & Transit Number
<input type="checkbox"/> Checking <input type="checkbox"/> Remaining Net Pay <input type="checkbox"/> Savings <input type="checkbox"/> \$____.00	<input type="checkbox"/> Checking <input type="checkbox"/> Remaining Net Pay <input type="checkbox"/> Savings <input type="checkbox"/> \$____.00	<input type="checkbox"/> Checking <input type="checkbox"/> Remaining Net Pay <input type="checkbox"/> Savings <input type="checkbox"/> \$____.00

This authorization is to remain in full force until The Employer Group has received written notification from me of its termination or change in such time and in such manner as to afford it and my financial institution(s) a reasonable opportunity to act on it.

Enrolling Signature: _____ Date: _____

OPTION 2:

I **waive** my right to participate in Direct Deposit of my paycheck. I understand that if my paycheck is not delivered by payday via standard delivery methods or if I lose my paycheck, The Employer Group will stop payment on the paycheck and I will need to wait **10 calendar days** for my replacement paycheck to be reissued. I further understand that, if I then find or otherwise receive the original paycheck, it is not valid and I should destroy it immediately. If I attempt to cash a paycheck that has been replaced, I will be responsible for repayment of the check amount and any fees associated with the cashing of an invalid check.

Waiving Signature: _____ Date: _____