

Direct Deposit Signup Form

We are pleased to be able to offer you the convenience of Direct Deposit. You can now have your paycheck automatically deposited in your checking and/or savings account on payday. Direct Deposit saves you time by eliminating trips to the bank and long waiting lines. Your money is deposited faster, reducing the possibility of expensive overdrafts. Your money is deposited even when you are on vacation or away from the office.

In order to take advantage of Direct Deposit, simply complete the form below, attach necessary documents, and sign the form. This authorization will give your company and your financial institution the authority to deposit your pay to your account.

WORKER – Required Information

Worker Name: _____

Social Security Number: _____ - _____ - _____

EMPLOYER – Required Information

Company Name: _____

Federal ID Number: _____ - _____

Direct Deposit Information

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Acct #1 Checking Savings

Bank Name: _____

Routing/ABA No: _____

Account Number: _____

I wish to deposit (check one):

Entire Net Pay

% of Net Pay _____ %

Specific Dollar Amount \$ _____ .00

Bank Acct #2 Checking Savings

Bank Name: _____

Routing/ABA No: _____

Account Number: _____

I wish to deposit (check one):

Entire Net Pay

% of Net Pay _____ %

Specific Dollar Amount \$ _____ .00

Please attach one of the following:

Voided check (NO deposit slips)

Bank Letter or Specification Sheet

Please attach one of the following:

Voided check (NO deposit slips)

Bank Letter or Specification Sheet

I hereby authorize on this _____ day of _____, _____ my employer and/or third party as referred to here within, and their agents including Intercept Corporation (IC), to initiate electronic deposits and/or withdrawals to the bank account(s) shown above. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have a cancellation in writing.

Signature: _____
(NOT VALID WITHOUT SIGNATURE)

Employee: Keep a copy of this authorization for your records.

Employer: Keep signed original for your records and Mail or Fax a copy to Michael A. Tawney & Company, PC for processing.