

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

\_\_\_\_\_ New Payroll Deposit      \_\_\_\_\_ Change Deposit Information  
NEXT DAY PAY \_\_\_\_\_ Weekly Pay \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize my employer, Specialty Professional Services, Corp (Hereinafter COMPANY) and its payroll processor, ADP® to deposit any amounts owed me by initiations credit entries to my account at the financial institution (Hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY or ADP to my account. In the event that COMPANY or ADP deposits funds erroneously into my account, I authorize COMPANY or ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Signature    X \_\_\_\_\_      Date \_\_\_\_\_  
Employee Name (Print)    X \_\_\_\_\_      SS# \_\_\_\_\_  
Employee Number      X \_\_\_\_\_

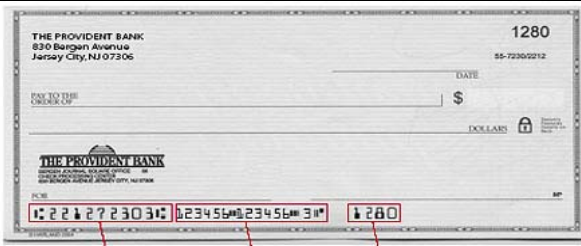
Complete Section 1 AND OR Section 2

SECTION 1:      CHECKING ACCOUNT: (Attach A Void Check)  
Bank Name \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_

BANK ROUTING & TRANSIT # \_\_\_\_\_ (MUST BE 9 DIGITS)

EMPLOYEE'S CHECKING ACCOUNT # \_\_\_\_\_

I Wish To Deposit \$ \_\_\_\_\_ OR \_\_\_\_\_ Entire Net Pay

<b>ATTACH A VOID CHECK HERE</b>
The numbers on the bottom of the voided check are used to make the electronic funds transfer directly to your account.
<b>*PLEASE NOTE THAT ELIGIBILITY FOR DIRECT DEPOSIT WILL OCCUR 1-3 WEEKS AFTER RECEIPT OF PAPERWORK DEPENDING ON YOUR BANK PROCESSING TIME</b>


-OR-

SECTION 2:      SAVINGS ACCOUNT:      Call Your Bank To Obtain The Following Information:

Bank Name \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_

I Wish To Deposit \$ \_\_\_\_\_ OR \_\_\_\_\_ Entire Net Pay

(Please Complete The Following)

BANK ROUTING & TRANSIT # \_\_\_\_\_ (MUST BE 9 DIGITS)

EMPLOYEE'S SAVINGS ACCOUNT # \_\_\_\_\_