



INSURANCE • PAYROLL • HR SERVICES

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Last Name

First Name

Last 4 SSN

☐ Please do not make any changes to my current Direct Deposit banking account allocations.

Bank Name	Transit/ ABA Number	Type of Account	Amount or Percent	Account Number
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

☐ I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified. (This request will not be processed without the accompanying documentation.)

I hereby authorize EBC Inc. to directly deposit any salary or wages due to me, less any mandatory or authorized withholdings or deductions in the bank account(s) listed above in the percentages specified. (If two or more accounts are designated, deposits are to be made in whole percentages of pay to total 100%).

The Company will credit my account(s) the amount of my payroll check on payday. Deposits are normally available the morning of pay date however each bank posts funds to accounts at different times daily, and EBC Inc. has no control over my bank's posting. Also, I hereby grant EBC Inc. the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I authorize my financial institution to accept direct deposits to my account upon receipt and without advice to me. It is my responsibility to verify deposits on a per pay date basis before writing checks against these funds. I understand that EBC Inc. is not responsible for bank errors or bank fees. Banking services are provided in accordance with the limitations and restrictions of the Automated Clearing House Association.

This authorization is to remain in force until EBC Inc. has received written authorization from me of its termination or change. I understand that if my account has closed, my financial institution cannot accept a deposit on my behalf. If this occurs, my employer will not be able to process any further direct deposits without further written authorization from me. IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY MY EMPLOYER IN WRITING AT LEAST TWO WEEKS PRIOR TO THE TERMINATION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow 2-4 weeks for your direct deposit to begin.  
Please verify with your bank that your first direct deposit has been processed correctly.**