

DIRECT DEPOSIT FORM

DIRECT DEPOS	IT DISCLAIN	IER:		
with your bank or and made availa	financial inst ble to you. E	titution when you	r funds would be posted to you	r account
YOU WANT DIRE	CT DEPOSIT	?	□ NO	
			THIS FORM AND FORWARD T	O YOUR
PLOYEE NAME:				
COUNT NO.				
	SAVINGS		CHECKING	
PLOYEE NAME:				
TNUC	CAMINICO			
	If you are eligible with your bank or and made available funds availability. YOU WANT DIRECTES, PLEASE ATTA	If you are eligible for and choos with your bank or financial instand made available to you. Efunds availability. YOU WANT DIRECT DEPOSITIONS, PLEASE ATTACH A VOID ANCH REPRESENTATIVE FOR SET OF SE	with your bank or financial institution when you and made available to you. Each bank and finifunds availability. YOU WANT DIRECT DEPOSIT? YES YES, PLEASE ATTACH A VOIDED CHECK TO TANCH REPRESENTATIVE FOR PROCESSING. PLOYEE NAME: NK TRANSIT NO. COUNT NO. DUNT SAVINGS PLOYEE NAME: NK: NK TRANSIT NO. COUNT NO.	If you are eligible for and choose to enroll in Direct Deposit we recommend the with your bank or financial institution when your funds would be posted to you and made available to you. Each bank and financial institution has its own profunds availability. YOU WANT DIRECT DEPOSIT?

 PLEASE NOTE: THIS PROCESS MAY TAKE UP TO 2-3 WEEKS AND WILL NOT DELAY OR HOLD BACK YOUR PAYCHECK.

AUTHORIZED AGREEMENT FOR PREAUTHORIZED CREDITS AND CORRECTING DEBITS

I (we) hereby authorize and request, hereinafter called COMPANY, to make payment of any amounts owing to me (either of us) for payroll by initiating credits entries to my (our) account indicated below in the bank named below, hereinafter called BANK. In addition, I (we) also authorize and request COMPANY to initiate debit entries to my (our) account indicated below in the bank named below in the following circumstances and under the following conditions:				
 The debit entry is initiated for the purpose of correcting an erroneous credit previously initiated to my (our)account; The correcting entry is transmitted in such time as to be delivered or made available to the BANK by midnight of the fifth day following settlement of the erroneous entry; Prior to the time the correcting entry is initiated, the COMPANY has sent or delivered to me (us) written notification of such correction and the reason therefor. 				
I (we) authorize and request BANK to accept any credit or correcting debit entries initiated by COMPANY to such account and to credit or debit the same to such account without responsibility for the correctness thereof:				
BANK NAME				
BANK ADDRESS				
DEPOSITOR ACCOUNT NUMBER				
It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited or debited to my (our) account by BANK after receipt of notification and a reasonable time to act on it.				
Customer Name(a)				
Customer Name(s) Signed Signed				
Date				
TO BE COMPLETED BY THE COMPANY				
COMPANY ID NUMBER				
DEPOSITOR ACCOUNT INFORMATION Transit/ABA				
Transit Routing Number Check Digit Account Number Information				
Transit ABA Designated				
by the Federal				
Reserve Note: When completing account number information insert a hyphen for each Dash Cue Symbol (III) contained in the				
field and insert a number sign (#) for each On Us Cue symbol (I:).				