

# EMPLOYEE DIRECT DEPOSIT SIGNUP

## Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form.
5. Mail or drop off original to SUPERIORHIRE

## EMPLOYEE — REQUIRED INFORMATION

PLEASE PRINT LEGIBLY

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY No.: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## EMPLOYEE — COMPLETE FOR DIRECT DEPOSIT

I would like my pay deposited to the following bank account(s):

### Account #1 Type:

Checking    Savings    3<sup>rd</sup> Party Debit Card

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### I wish to deposit (check one):

Entire Net Pay

Please attach one of the following (check one):

Voided check (NOT deposit slip)

Bank letter of specification sheet (See your local bank representative)

### Account #2 Type:

Checking    Savings    3<sup>rd</sup> Party Debit Card

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### I wish to deposit (check one):

Flat Dollar Amount: \$ \_\_\_\_\_

\_\_\_\_\_% of Net Pay

Please attach one of the following (check one):

Voided check (NOT deposit slip)

Bank letter of specification sheet (See your local bank representative)

I WISH TO CANCEL MY DIRECT DEPOSIT ON FILE

I hereby authorize SUPERIORHIRE ("COMPANY") to deposit any amounts owed me by initiating credit entries to my account at the financial institution ("BANK") indicated above. Further, I authorize BANK to accept and to credit any credit entries by COMPANY to my account. In the event that COMPANY deposit funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

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

# ATTACH VOIDED CHECK HERE