



DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____
Social Security Number: _____
Bank Name: _____
Bank Account Number: _____
Bank Routing Number: _____
Deposit in: _____ Checking _____ Savings Account (Choose one)

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS THEN SIGN BELOW:

- I have checked with my bank to assure accuracy of the routing number and the account number. I understand I can only direct deposit funds into a banking account assigned with my name.
- I have attached a Voided Check.
- I understand that direct deposit is guaranteed for delivery into my bank account each Friday except during a holiday week. Prior written notification from ExecuTeam will be provided when direct deposit is not available.
- I understand I must allow 2 pay periods for processing of direct deposit.
- I understand that once I am setup on direct deposit, all my checks will be direct deposited. I will have to cancel my direct deposit completely if I want a manual check issued to me.
- If I change bank accounts, I must notify ExecuTeam of this change in writing and instruct ExecuTeam to continue direct deposit in my current, active account or change to a payroll check until the new account has been activated for direct deposit.
- I will notify ExecuTeam when closing this account in writing, or via email.
- I authorize ExecuTeam to direct deposit all future paychecks as directed above.

Signature

Date