

Direct Deposit Authorization

Client Company: _____

Employee Name: _____

Social Security Number: _____ Today's Date: _____

****Please provide a voided check for each checking account listed below****

NOTE: Deposit slips will not be accepted or processed

I request my payroll deduction/direct deposit be placed in the following account(s):

Institution	Bank ABA Number	Account Number	Deduction \$ Amt or %	Type of Account	Status
_____ # _____	_____ # _____	_____ # _____	_____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/> New/Change <input type="checkbox"/> Cancel
_____ # _____	_____ # _____	_____ # _____	_____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/> New/Change <input type="checkbox"/> Cancel
_____ # _____	_____ # _____	_____ # _____	_____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/> New/Change <input type="checkbox"/> Cancel

It is the employee's responsibility to confirm that sufficient funds are available in their account prior to writing checks, drafts or ordering payment from their account.

I authorize The NELCO® Companies (NELCO) and the above financial institution(s) to withhold the indicated amount(s), if applicable, from my pay and deposit directly into the account(s) shown each pay period. The direct deposit(s) will be made on each succeeding payday, unless I notify NELCO in writing of my intent to cancel, which NELCO shall implement within a reasonable time. **In the event funds are deposited erroneously into my account, I authorize NELCO to debit my account(s) not to exceed the original amount of the credit.**

I understand that all direct deposits are made through the Automated Clearing House (ACH) and that the availability of funds is subject to the terms and limitations of the ACH as well as my financial institution(s). I further understand that my deposit may not be credited to my account until 5:00 p.m. on my payday, depending on my financial institutions' procedure for posting direct deposits.

Note: Your account will have one TRIAL PERIOD (pre-note) after it is entered into the computer during which time the bank will verify that your numbers are correct. For this trial period, you will receive a REGULAR CHECK. If your trial pay is successful, your next check will be deposited into your account. Please CHECK YOUR PAY STUB to ensure that it is being deposited as you requested. NELCO does not charge a fee for this service, however, your financial institution(s) may. Please contact your financial institutions(s) directly with inquiries regarding any additional fees.

Signature

Date

FOR PAYROLL USE ONLY

Entered by: _____

Date: _____

Pre-note date: _____

Effective Date: _____

