

# AES ELECTRICAL, INC.

dba Freestate Electrical Construction  
Freestate Electrical Service

## DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME (please print)

EMPLOYEE NUMBER

The account information below must be completed as follows:

- (1) Indicate whether pay is to be deposited to a checking or savings account.
  - (2) Indicate if this is a new account or a change to an existing account.
  - (3) Indicate the amount to be deposited (*either the full net of the check or a flat amount*).
- Checking accounts must have a "VOIDED" check attached to this form.
  - For savings and Credit Union accounts, please obtain the correct Transit Routing Number and Account number and account number from your financial institution.
  - Your direct deposit will be pre-noted (verified) for accuracy. You can expect the direct deposit to go into effect within 3 weeks following the receipt of this form in the Payroll Department.

### NOTE:

- *If you have 1 account, the full net amount of your check must be deposited.*
- *If you have more than 1 account, one of the accounts must be for remaining net of your check.*

<b>New Account:</b> <input type="checkbox"/>	<b>Checking:</b> <input type="checkbox"/>	<b>Savings:</b> <input type="checkbox"/>
<b>Change deposit amounts:</b> <input type="checkbox"/>	<b>Change Account:</b> <input type="checkbox"/>	<b>Stop Direct Deposit:</b> <input type="checkbox"/>
<b>Net Amount:</b> <input type="checkbox"/>	<b>OR Flat Amount:</b> <input type="checkbox"/>	<b>\$</b> _____
<small>(Flat amount to be deposited)</small>		
<b>Transit Routing No:</b> _____ <small>( 9 DIGITS)</small>		
<b>Account Number:</b> _____ <small>(UP TO 17 DIGITS)</small>		

<b>New Account:</b> <input type="checkbox"/>	<b>Checking:</b> <input type="checkbox"/>	<b>Savings:</b> <input type="checkbox"/>
<b>Change deposit amounts:</b> <input type="checkbox"/>	<b>Change Account:</b> <input type="checkbox"/>	<b>Stop Direct Deposit:</b> <input type="checkbox"/>
<b>Net Amount:</b> <input type="checkbox"/>	<b>OR Flat Amount:</b> <input type="checkbox"/>	<b>\$</b> _____
<small>(Flat amount to be deposited)</small>		
<b>Transit Routing No:</b> _____ <small>( 9 DIGITS)</small>		
<b>Account Number:</b> _____ <small>(UP TO 17 DIGITS)</small>		

Please provide an e-mail address for check stubs to be sent. Note this will not be an encrypted e-mail.

Email address: \_\_\_\_\_  
(You will receive a test e-mail to verify)

If moneys to which I am not entitled are deposited to my account, I authorize the Company to direct the financial institution to return said moneys to the Company. This agreement shall remain in effect until I have filed a new authorization, until revoked by me in writing, or upon termination of my employment with said Company. I agree that the Company shall not be held responsible for any errors or omissions resulting from the deposit or non-deposit of funds to my account(s) or email.

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

FOR OFFICE USE ONLY:	DATE RECEIVED: _____
Prenote Initialization Date: _____	Prenote End Date: _____