Freestate Electrical Companies

Direct Deposit Authorization Form

Employee Name: _____   Emp Number: _____

The account information below must be completed as follows:

- Indicate whether pay is to be deposited into checking or savings account.
- Indicate if this a new account, change to an existing account, or an additional account.
- Indicate the amount to be deposited in each account (full – net – flat amount of check).
- Please make sure to obtain the correct Routing Number and Account Number for your banking institution.
- All accounts will be pre-noted (verified) for accuracy. The first two weeks you will receive a live payroll check in the mail. Direct deposit (unless there is a problem with the account) will begin on the third week of pay.
- Please provide an email address if you would like your check stubs emailed to you. You will receive a test email that you must reply to for this to happen. **(Note: This will not be an encrypted email.)**

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

Account Type: _____   Deposit Type: _____
       (Checking / Savings)   (New / Change / Additional Account)

Routing Number: _____   Account Number: _____
       (Must be 9 digits)   (Up to 17 digits)

Amount to deposit (if flat amount): _____

Account Type: _____   Deposit Type: _____
       (Checking / Savings)   (New / Change / Additional Account)

Routing Number: _____   Account Number: _____
       (Must be 9 digits)   (Up to 17 digits)

Amount to deposit (if flat amount): _____

Email Address: _____

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: _____

HR Use Only: Company: _____   Division: _____   Entered By: _____