



# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:	Effective Date:
Street Address:	City / State / Zip:
Birth Date:	Social Security Number:
Phone:	Email:

## CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

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

BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
	#	#	<input type="checkbox"/> \$ _____ <input type="checkbox"/> % _____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	<input type="checkbox"/> \$ _____ <input type="checkbox"/> % _____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

**PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize THE PROTOCOL GROUP on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize THE PROTOCOL GROUP, at its election, to pay any off cycle wage payments and wage payments due to me upon discharge by means of electronic transfer of funds to a paycard, and I acknowledge that a copy of the terms, conditions, and fees associated with using such paycard are available at my workplace and upon request made to my manager. These authorizations will remain in effect until THE PROTOCOL GROUP receives written notice from me terminating my authorization.

Employee Name (Print Name): \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature Authorizing Payment Method: \_\_\_\_\_

ATTACH COPY OF CARD ON SEPARATE SHEET