

PAYROLL SERVICES

DIRECT DEPOSIT FORM

Instructions:

1. Complete the EMPLOYEE Required Information section.
2. Complete the BANK Information section.
3. Sign the DIRECT DEPOSIT FORM.
4. Return the original form to your Employer / this office.
5. Keep a copy for your records

Or
Or

ATTACH A VOIDED CHECK
BANK SPECIFICATION SHEET
BANK LETTER

EMPLOYEE Required Information

Name: _____

Social Security Number: _____

BANK Information

Please deposit my wages/salary into the following bank account(s):

Checking 1

Bank Name: _____

ABA / Transit No: _____

Account No: _____

Net Pay Allocation: Entire Paycheck
 _____ % of Net
 Dollar Amount: \$ _____ .00

Savings / Other 1

Bank Name: _____

ABA / Transit No: _____

Account No: _____

Net Pay Allocation: Entire Paycheck
 _____ % of Net
 Dollar Amount: \$ _____ .00

Checking 2

Bank Name: _____

ABA / Transit No: _____

Account No: _____

Net Pay Allocation: Entire Paycheck
 _____ % of Net
 Dollar Amount: \$ _____ .00

Savings / Other 2

Bank Name: _____

ABA / Transit No: _____

Account No: _____

Net Pay Allocation: Entire Paycheck
 _____ % of Net
 Dollar Amount: \$ _____ .00

I authorize my employer (and/or Michigan Payroll Services "MPS") to initiate automatic deposits each pay period for credit to my account at the financial institution ("BANK") indicated above. In addition, I authorize BANK to accept and credit to my account any deposits initiated by MPS. In the event MPS deposits funds in error into my account, I authorize MPS to debit my account for an amount not to exceed the amount of the erroneous credit.

I understand that this automatic deposit by MPS may be an advance of funds on behalf of my employer which is subject to the successful collection of these funds by MPS from my employer. If, within 5 days of the deposit of this advance into my account, my employer does not make good funds available to MPS for the funds advanced for this deposit, I authorize MPS to debit my account to recover the amount of this advance. Further, I agree to hold MPS harmless from any loss related to this advance and to indemnify MPS up to the amount of the deposit.

Any dispute arising out of or in connection with this agreement; if not otherwise resolved, shall be determined by arbitration in Livonia, MI, in accordance with the Rules of the American Arbitration Association. It is the expressed desire of all parties that the prevailing party shall be awarded reasonable costs and attorney's fees and that the award shall be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This Authorization will remain in effect until revoked by me, in written form, in a time and manner as to afford MPS a reasonable opportunity to act on it. This authorization bears my signature and is dated.

Employee Signature: _____

Date ____ / ____ / ____