



DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Social Security Number: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Deposit in: _____ Checking _____ Savings Account (Choose one)

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS THEN SIGN BELOW:

_____ I have checked with my bank to assure accuracy of the routing number and the account number. I understand I can only direct deposit funds into a banking account assigned with my name.

_____ I have attached a Voided Check.

_____ I understand that direct deposit is guaranteed for delivery into my bank account each Friday except during a holiday week. Prior written notification from ExecuTeam will be provided when direct deposit is not available.

_____ I understand I must allow 2 pay periods for processing of direct deposit. I understand that a paycheck will be mailed to me while the new account is pre-noted.

_____ I understand that once I am setup on direct deposit, all my checks will be direct deposited. I will have to cancel my direct deposit completely if I want a pay card issued to me.

_____ I must notify ExecuTeam if I change bank accounts by completing a new direct deposit form. I understand that a paycheck will be mailed to me while the new account is pre-noted.

_____ I will notify ExecuTeam when closing this account in writing, or via email.

_____ I authorize ExecuTeam to direct deposit all future paychecks as directed above.

_____ I authorize ExecuTeam to debit this account in the event that a credit entry is made in error.

Signature

Date

Return form to ExecuTeam's Payroll Department

Fax: (713) 952-1226

Email: payroll@executeam.com