

Direct Deposit Authorization Form

HomePaySM

Provided by Breedlove

Employer Name _____

Daytime Phone # _____

Employee Name _____

To Be Completed by Employee ONLY IF Being Paid Via Direct Deposit

STEP 1: EMPLOYEE BANK ACCOUNT INFORMATION

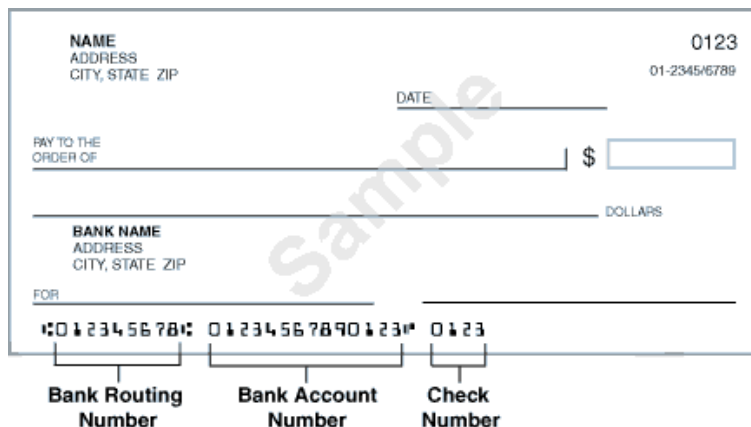
Please fill in bank account information below (we recommend that you attach a copy of a voided check to ensure accuracy):

Bank Routing Number (9 Digits): 

Bank Account Number (4-17 Digits): 

Type of Bank Account: Checking Savings Account (account must have check-writing capabilities)

IMPORTANT NOTE: Please reference and attach a check rather than a deposit slip (deposit slips utilize different bank codes). In order to authenticate the account at the outset, we will credit your account with a small deposit.



The image shows a sample check with the following fields and labels:

- NAME, ADDRESS, CITY, STATE, ZIP
- 0123 (MICR line)
- 01-23456789 (MICR line)
- DATE
- PAY TO THE ORDER OF
- \$ (Amount)
- DOLLARS
- BANK NAME, ADDRESS, CITY, STATE, ZIP
- FOR
- ⑆0 2345678⑆ 0 234567890 23⑆ 0 23 (MICR line)
- Bank Routing Number (under 0 2345678)
- Bank Account Number (under 0 234567890 23)
- Check Number (under 0 23)

STEP 2: EMPLOYEE AUTHORIZATION

Effective immediately, I authorize my employer and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my bank account listed above:

X

Employee Signature

Date

Printed Name