Direct Deposit Authorization Form

Employee Name _____ Region/District _____

Employee ID/SS# _____

***** Please complete this section if your check is direct *****

Net Pay Direct Deposit ***** deposit to a bank or credit union. Thank you! *****

Bank Name _____ Address _____

City _____ State _____ Zip _____

For all Direct deposits (Primary Account): Effective Date ____/____/____

Transit Number	Account Number

Account Type (select one) _____ Checking _____ Savings _____ Credit Union

For additional direct deposits Effective Date ____/____/____

Transit Number	Account Number	Account type	Amount or %	Effective Date
284086471		S		____/____/____
				____/____/____
				____/____/____
				____/____/____

Christmas Club _____ Vacation Club _____

Disability Insurance _____ Checking _____

You must choose either a flat amount or a percentage of net pay to be deducted from each payroll

Note: The bank selected to receive the direct deposit must be a member of the National Automated Clearing House Association (NACHA)

I _____ authorize United Parcel Service, Inc. to initiate credit and correcting debit entries if necessary, to the bank account noted above. This authority is to remain in full force until United Parcel Service, Inc has received written notification from me of its termination. Written termination shall be received in such time as to afford United Parcel Service, Inc and the bank a reasonable opportunity to act on it.

Signed _____ Date _____

Note: When changing your Direct Deposit from one account to another, there will be a time delay in the transfer of account information. During the time period the employee will receive an actual paycheck. This check must be deposited or cashed by the employee. Direct Deposit funds are available on Friday.

***** Please attach a voided check and return to your Payroll Department *****

2/14/2002

Fax Number 901 345-0400