



Direct Deposit Authorization Form

Employee Name _____ Region/District _____ / _____

Employee ID _____ Pay Cycle (Circle One) Hourly, Semi Monthly or Monthly

Net Pay Direct Deposit

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 %

2|8|4|0|8|6|4|7|1|

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 UPS to initiate credit entries and correcting debit entries if necessary, to the bank account noted above. This authority is to remain in full force until UPS has received written notification from me of its termination. Written termination shall be received in such time as to afford UPS 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 ***

Fax Number 901 345-0400