

Direct Deposit Authorization Form

| | | | |
|---|---|-------------------------------|--|
| Company Name: | | Effective date: | |
| Employee Information | | | |
| First Name: | | Last Name: | |
| Daytime Phone: | | Last 4 Digits of SSN: | |
| Request Reason | | | |
| New authorization | Changing account percentage or amount on file | Add account to current set up | Terminate all direct deposit authorizations on file and receive a live check |
| Authorization Agreement | | | |
| <p>I hereby authorize the electronic deposit(s) into my designated account(s) listed below. In the event of an error in a deposit, I also authorize the necessary corrective actions to rectify the error, which may include debits and credits. I understand that this authorization is to remain in full force and in effect until I submit a written notification of its termination in such matter to afford such time for all parties to act on it. I understand that this authorization may take up to three weeks to be entered, fully activate to allow for pre-noting and approval by my banking institution(s). I also understand that NO paper stubs are produced for checks that are 100% direct deposited.</p> <p>All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified by this authorization. No party can guarantee the time or date of the direct deposit. Because of banking holidays, banking procedures, computer or human error, your direct deposit may not be received in a timely manner.</p> <p>Please be aware that it is YOUR responsibility to assure that your bank has received your deposit before you use the funds. The originator cannot and will not accept responsibility for overdraft or late charges assessed if the direct deposit is not received. The originator has up to 5:00 PM (CST) on the paycheck date to deposit funds in the account(s) listed below.</p> | | | |
| Signature: | | Date: | |

| Banking Information | | | | |
|------------------------------|---|-----------------------|-----------------------|---------------------------------------|
| Bank/Institution Name | Type of Account <small>(checking, savings, Checking HSA, Savings HSA)</small> | Account Number | Routing Number | Amount or Percentage Per Check |
| | | | | |
| | | | | |
| | | | | |

Please attached documentation verifying account ownership such as voided check, bank statement, or bank generated authorization form. Be sure to verify the routing number with your bank branch. Many institutions utilize different routing numbers for ACH (direct deposit) transactions.

Submit completed forms to:
Your Solution Center
YSC@TandemHR.com
Fax: 630.468.9198

Questions? Call YSC at 630.468.9298