



Employee Direct Deposit

Datrose Use Only
Emp No. _____

Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original (with required attachment(s)) to your employer.

Employee – Required Information	
<i>Please Print</i>	
Employee Name	_____
Social Security No.	____ / ____ / _____

Action Required		
<input type="checkbox"/> Begin Direct Deposit	<input type="checkbox"/> Change Information	<input type="checkbox"/> Cancel Direct Deposit

Complete for DIRECT DEPOSIT

I would like my wages/salary deposited to the bank account(s) attached.

<input type="checkbox"/> Checking #1 Bank Name _____ <i>(Attach only a void check, bank letter, or specification sheet. A Deposit ticket is not acceptable.)</i> Account No. _____ Routing No. _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____.00	<input type="checkbox"/> Savings #1 Bank Name _____ <i>(Attach only a bank letter, or specification sheet. A Deposit ticket is not acceptable.)</i> Account No. _____ Routing No. _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____.00
<input type="checkbox"/> Checking #2 Bank Name _____ <i>(Attach only a void check, bank letter, or specification sheet. A Deposit ticket is not acceptable.)</i> Account No. _____ Routing No. _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____.00	<input type="checkbox"/> Savings #2 Bank Name _____ <i>(Attach only a bank letter, or specification sheet. A Deposit ticket is not acceptable.)</i> Account No. _____ Routing No. _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____.00

I hereby authorize DATROSE, to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institution(s) (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any entries indicated by DATROSE to my account. In the event that DATROSE deposits funds erroneously into my account, I authorize DATROSE to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until DATROSE and BANK have received written notice from me of its termination in such time and in such manner as to afford DATROSE and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date ____ / ____ / ____ Return this original form to your employer.