



AUTHORIZATION FOR DIRECT DEPOSIT

EMPLOYEE NAME: _____
(Last) (First) (M.I.)
COMPANY : _____

I authorize ProSERVICE and the Financial Institution listed below to make direct deposits and, if necessary, make adjusting entries to correct errors in deposits on my account. I understand that either the Company or I can terminate this arrangement with advanced written notice if received in sufficient time and in a manner to allow a reasonable opportunity to act on it.

SIGNED: _____ DATE: _____

BANK: _____ ACCOUNT# : _____

PLEASE CIRCLE ONE: CHECKING OR SAVINGS ?

**Please Note: Crediting of Direct Deposit postings varies by financial institution. The effective date of the Direct Deposit will be the date of the paycheck. However, some financial institutions do not reflect the deposit until the end of the day.

**ATTACH VOIDED CHECK (OR COPY) HERE.
THIS FORM WILL NOT BE PROCESSED
WITHOUT A VOIDED CHECK (OR COPY).**