

## **DIRECTIONS FOR COMPLETION OF DIRECT DEPOSIT FORM**

Please complete the Direct Deposit Employee Authorization form as follows

**EMPLOYEE NAME**                    **PLEASE PRINT YOUR FULL NAME, INCLUDING  
MIDDLE INITIAL**

**BANK/CREDIT UNION  
ROUTING (ABA) #**                    **THIS INFORMATION IS FOUND IN THE LOWER  
LEFT HAND CORNER OF ONE OF YOUR  
PERSONAL BANK CHECKS. PLEASE COPY THE  
COMPLETE NUMBER, BEGINNING AFTER THE  
COLON. DO NOT INCLUDE THE PARTICULAR  
CHECK NUMBER IF IT IS AT THE END OF THE  
ABA.**

**STATE:**                                **STATE WHERE YOUR BANK BRANCH IS  
LOCATED**

**TYPE:**                                **CIRCLE EITHER CHECKING OR SAVINGS**

**AMOUNT PERCENT**                **100%**

**ACCOUNT NUMBER**                **YOUR CHECKING OR SAVINGS ACCOUNT #**

**ATTACHED A VOIDED CHECK  
ALONG WITH YOUR AUTHORIZATION**

**SIGN AND DATE AT BOTTOM...**

**CALL PETER ZAPPA & ASSOCIATES AT 508-699-1076 IF QUESTIONS.  
THANKS...**



# Direct Deposit

## Employee Authorization

<b>PETER ZAPPA &amp; ASSOCIATES</b>		<b>97</b>	<b>3365</b>
Company Name		Company No.	
Employee Name		Employee No.	

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Bank/Credit Union Routing (ABA) Number	State	Type Circle One	Amount Percent Circle One	Account Number
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

**Please Check One:**

<input type="checkbox"/>	New or Additional Direct Deposit	
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit	Account number to be replaced:
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit	Amount was:      Amount changed to:
<input type="checkbox"/>	Other: Please Explain:	

**Please attach a voided check for the Direct Deposit bank account as verification for each Request.**

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer or Advantage is responsible for bank errors or bank fees. I may cancel these Direct Deposit(s) at any time.

Signature	Date
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