

Authorization for Payroll Direct Deposit

Please complete, sign and return this form along with proof of account(s) to Restoration and Specialty Services Inc. for processing.

Company Name Restoration and Specialty Services Inc. Location _____
Employee Name _____ Social Security Number ____-____-_____

In order to direct deposit your pay check, your financial institution must be a member of the Automated Clearing house (ACH) system and you must be an owner on the accounts into which the funds will be deposited. We may request you provide additional information to validate account ownership.

The following section requires the designation of your pay into your accounts. This designation remains the same for each pay period; a change would require a new form. Indicate the type and the specific account information.

Type: New Add an additional Acct. Change in amount Change in Financial Institution Discontinue/stop

Account 1: Financial Institution Name _____ Checking/Investment Net Pay or _____ %

Routing/ABA # _____ Account # _____ Savings Amount \$ _____

Type: New Add an additional Acct. Change in amount Change in Financial Institution Discontinue/stop

Account 2: Financial Institution Name _____ Checking/Investment Net Pay or _____ %

Routing/ABA # _____ Account # _____ Savings Amount \$ _____

Type: New Add an additional Acct. Change in amount Change in Financial Institution Discontinue/stop

Account 3: Financial Institution Name _____ Checking/Investment Net Pay or _____ %

Routing/ABA # _____ Account # _____ Savings Amount \$ _____

Please attach one of the following preprinted documents as verification for account ownership and routing information:

- Preprinted check (No Starter Checks)
- Preprinted Financial Institute Card
- Copy of a Bank Statement
- Letter on Bank Letterhead

**** The Financial Institution's name, the employee's name and account number must all be preprinted on the document.**

Routing/ABA numbers must be included but can be handwritten.

Incomplete or unacceptable information will delay the activation of your direct deposit. Failure to notify Restoration and Specialty Services Inc. promptly of a closed account may result in the rejection of the deposit and a delay in your pay. Restoration and Specialty Services Inc. may need to reissue your pay in another form of payment.

I hereby authorize Restoration and Specialty Services Inc. to direct deposit each pay period funds to my account with the financial institution indicated. All paychecks will be deposited (regular payroll, commission, bonus, vacation, per diem, etc.) In the event of an error, I authorize Restoration and Specialty Services Inc. the initiation of a correction (debit) entry electronically or by any other commercially accepted method Restoration and Specialty Services Inc. is authorized to make corrections and initiate adjustments. If any of the below information changes, I will promptly complete a new authorization agreement. I understand that a request for change is required in writing and that it may take up to 30 days before the new request is activated.

Employee Signature

Date