EMPLOYEE DIRECT DEPOSIT DATA FORM

Client Name_____

ADD CHANGE CANCEL

EMPLOYEE NUMBER: _____ **DEPT:** _____

EMPLOYEE NAME: _____

(Last) (First) (M.I.)

PLEASE ATTACH A VOIDED CHECK

Account Type	Financial Institutions Name City, State ABA Transit Routing Number	Account Number to Credit	$ or Net Pay
1. ❑ Checking ❑ Savings	_____ _____		**NET PAY**
2. ❑ Checking ❑ Savings	_____ _____		$
3. ❑ Savings	_____ _____		$
4. ❑ Savings	_____ _____		$
5. ❑ Savings	_____ _____		$

I hereby authorize my employer, Client Name _____ (hereinafter "Company") and its payroll processor **KMA Payroll Solutions** to deposit any amount owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated above. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company 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 Company and Bank have received written notice from me of its termination in such manner as to afford Company and Bank a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____