

DIRECT DEPOSIT AUTHORIZATION

(please type or print except for signature)

Worksite Number & Division _____

Employee Number _____

Employee Name: _____ Social Security Number: _____

Worksite Employer: _____ Date: _____

Fax Number: _____ Circle One: Add/Change/Stop

I hereby authorize Merit Resources, Inc. to initiate a direct deposit of my net paycheck to my financial institution(s) and account(s) named below. This authorization also grants Merit Resources permission to reverse a deposit in the event of an error. This authority is to remain in full effect until Merit Resources, Inc. has received a written notice from me requesting the termination of this direct deposit authorization. I agree that it is my responsibility to update my direct deposit(s) in the event my bank merges with another or a change in my account numbers and further understand that if I do not make proper notification, Merit Resources will not take responsibility for failed or delayed direct deposit(s) due to financial institutional ABA routing number or account number changes and that such change will delay the payment of my net pay. **Due to processing deadlines, we recommend you verify your first direct deposit after submission of this form with your financial institution.**

Instructions: (Please read and follow completely)

To assure proper credit to your account(s), please attach a voided check to this form for a checking account or have your financial institution complete and sign this form. If your deposit, or a portion of your deposit is to be transferred to a savings account, have your financial institution complete and sign this form. **In either case, deposit slips are not acceptable.** It is your responsibility to verify the accuracy of the ABA routing number, the account number, the type of account and the address of the financial institution by completing, or asking your financial institution to complete, the information below and signing this form.

Signature of Employee: _____ Date: _____

Deposit Number 1.

Amount Of Net Pay To Be Deposited: _____ (100%, 75%, 50% etc. or dollar amount. Amounts not deposited will be paid in the form of a regular paycheck on the normal payday)

Bank/Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Bank Transit/ABA Number: _____ Account Number: _____

Type Of Account: (check) _____ checking _____ savings

By: _____ Bank Telephone Number: _____

signature of banker

Name of Banker: _____ Date: _____

print

Deposit Number 2.

Amount Of Net Pay To Be Deposited: _____ (100%, 75%, 50% etc. Dollar amount not available for second deposit. Amounts not deposited will be paid in the form of a regular paycheck on the normal payday)

Bank/Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Bank Transit/ABA Number: _____ Account Number: _____

Type Of Account: (check) _____ checking _____ savings

By: _____ Bank Telephone Number: _____

signature of banker

Name of Banker: _____ Date: _____

print