Direct Deposit

It is the policy of the Alliance Senior Center, INC. to provide direct deposit of an enrolled employee’s paycheck into his or her bank account.

***Procedures***

1. To enroll in direct deposit, an employee needs to complete an Authorization Agreement for Direct Deposit Form (see below).

2. Employees may elect to use direct deposit anytime during their employment.

3. It may take two pay periods to activate the automatic process; in the meantime, an employee will receive his or her paycheck according to the normal schedule of the Alliance Senior Center, INC.

**Authorization Agreement for Direct Deposit**

Company name

I (we) hereby authorize Alliance Senior Center, INC. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below; and I authorize the bank named below to credit and/or debit the same to such account.

Bank name:

Please check only one for type of account below:

Checking \_\_\_\_\_\_\_\_\_\_

Savings \_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authority is to remain in full force and effect until Alliance Senior Center, INC. has received written notification from me or the Administrator or designee of its termination in such time and in such manner as to afford the payroll company and the bank a reasonable opportunity to act on it.

Employee name:

Social Security #:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

*Please attach a voided check to this form below.*