

DIRECT DEPOSIT AUTHORIZATION FORM

Form 0109 - This information must be handled in accordance with NPI Privacy Policies.

Your Name - PRINT CLEARLY (First, MI, Last)

TX DL#

Store: Dept: Current Employees ONLY please list your Emp ID#:

To our NEW HIRES only: [This form is void if hire process is cancelled at any point by either party.]

- 1. Do you currently have a bank account (checking or savings) []Yes []No
Note: If you're opening a new bank account for your direct deposits, most banks offer 'freebies'.
Be sure to inform them this is for your payroll direct deposit when shopping bank deals.
2. If "No", is there any reason why a bank would not agree to establish an account for you?
[]No reason
[]Yes, need assistance (Ancira has established a program for such cases - glad to help!)
3. Give this completed form to YOUR MANAGER your first day on the job to prevent delays to your pay.
This is YOUR responsibility. Not the employer's.

Bank Deposit Information:

Name of Bank

Bank Address

City

State

Zip Code

How do you get your Direct Deposit account information?

Call your bank and ask the bank representative for...

- "The designated direct deposit routing-transit number to have my paycheck direct-deposited by my employer."
Don't assume it's the number at the bottom of your checks (although it may be). This is YOUR PAYCHECK!
We want to be sure it makes it to YOUR ACCOUNT! ☺
- Print clearly and be sure each digit/number is legible!!!

Your ROUTING-TRANSIT NUMBER is: Insert this number only after talking with your bank

Account 1: THIS IS A: []Checking []Savings

Account 2: THIS IS A: []Checking []Savings

If splitting deposit between 2 accounts, specify AMOUNT to be deposited in ACCOUNT 2: \$ *
* Account 1 is considered the MAIN BALANCE ACCOUNT. It's your choice whether to use 1 account or both.

I authorize my employer and its agents, including financial institutions to initiate electronic credit entries and if necessary, debit entries and adjustments for any entries in error to my checking and/or savings account. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to verify its compatibility with changes available and to effect such cancellation. I understand as a condition of employment, direct deposit into a designated, authorized account is mandatory as allowed by law. This form DATED cancels any prior submitted forms.

AUTHORIZATION SIGNATURE:

SUBMIT THIS COMPLETED FORM TO PAYROLL VIA YOUR MANAGER OR INTERDEPARTMENT ENVELOPE.