

Ardelle Associates, Inc.
Direct Deposit Enrollment / Authorization Form

Check one box only:

Activate Direct Deposit.....

Add Additional Direct Deposit.....

Change Bank Account.....

Cancel Direct Deposit.....

Employee Information

Name: _____
(First, Middle Initial, Last)

Social Security Number: _____

Contact Phone No. _____

Direct Deposit Account Information

Financial Institution Name: _____

Routing Transit Number: _____

Account Number: _____

Account Title: _____
(Account Holder's Name)

Amount or Percentage : _____

Type of Account: Checking

Savings

... I have attached a copy of a cancelled check to this Authorization

Authorization

Important! Please read and sign before submitting

I hereby authorize my employer, or its designated direct deposit processor (hereinafter "Employer"), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by my Employer to my account. In the event that my Employer deposits funds erroneously into my account, I authorize my Employer and Bank 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 my Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford my Employer and Bank reasonable opportunity to act on it.

Employee Signature

Date