



This form must be returned in 7 days from start of employment or it is presumed that you chose the Pay Card Option
Direct Deposit Signup Form

Authorization Agreement

I hereby authorize **Fettig** to initiate automatic deposits to my account at the financial institution named below. I also acknowledge that **Fettig** is allowed to reverse any ACH/Direct Deposit credit entry made in error.

Further, I agree not to hold **Fettig** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

The agreement will remain in effect until **Fettig** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee - Required Information

Please Print **Employee Name:** _____

Last Four Digits of Employee's Social Security Number: _____

Net Deposit Account Information

Name of Financial Institution: _____

Routing Number: _____ 100% or \$_____

Account Number: _____ Checking or Savings

Secondary Deposit Account Information (if applicable)

Name of Financial Institution: _____

Routing Number: _____ 100% or \$_____

Account Number: _____ Checking or Savings

SIGNATURE

Authorized Signature: _____ **Date:** _____

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Please Attach a Voided Check for Checking Accounts and a Bank Letter for Savings Accounts.
Deposit slips are not permitted.