



DIRECT DEPOSIT AUTHORIZATION FORM v4.08

The Direct Deposit FAX Form is designed to be processed electronically. Please use black or blue ink to complete the form. Print clearly in UPPER CASE ONLY and only in the spaces provided. Fax the completed form to 1-925-598-9558

Employee Information: All fields with the (▶) symbol indicate information is required for processing. Complete in UPPERCASE ONLY print.

LAST NAME ▶

FIRST NAME ▶

ENTER: ▶ Employee ID OR Company Code AND File Number

Date of Birth ▶ / / Phone Number ▶ () -

ACCOUNT INFORMATION:

1. Select Account Type ▶ ☐ ☐ Select ▶ Start ☐ OR Change ☐ OR STOP ☐

CHECKING SAVINGS

Enter ABA/Routing Number ▶

Enter Account Number ▶

Deposit ▶ Enter X for Full/ Remaining Deposit → ☐ OR Enter an Amount \$

2. Select Account Type ▶ ☐ ☐ Select ▶ Start ☐ OR Change ☐ OR STOP ☐

CHECKING SAVINGS

Enter ABA/Routing Number ▶

Enter Account Number ▶

Deposit ▶ Enter X for Full/ Remaining Deposit → ☐ OR Enter an Amount \$

3. Select Account Type ▶ ☐ ☐ Select ▶ Start ☐ OR Change ☐ OR STOP ☐

CHECKING SAVINGS

Enter ABA/Routing Number ▶

Enter Account Number ▶

Deposit ▶ Enter X for Full/ Remaining Deposit → ☐ OR Enter an Amount \$

EMPLOYEE AUTHORIZATION: (SIGNATURE AND DATE IS REQUIRED)

By signing below, I authorize ADP and/or its representatives to initiate direct deposit (credit) entries. If funds to which I am not entitled are deposited to my account, I authorize ADP and/or its' representatives to direct the bank to return said funds (debit). I understand that my bank must be a member of the Automated Clearing House (ACH) in order for my net pay to be processed via Electronic Funds Transfer. I understand I will be notified if there is a problem with my ACH account transaction during pre-note as stated above. This authorization is to remain in effect until it is changed or canceled by me. I understand that I must allow sufficient time as noted above for the processing of such changes or cancellation. In the event of my termination, I understand my direct deposit details on file will be cancelled.

EMPLOYEE'S SIGNATURE: ▶ _____

▶ / /
Date (MM/DD/YYYY)