



DIRECT DEPOSIT REQUEST

INSTRUCTIONS:

- 1) To use this service, you must have an active account in your name at a bank or credit union. This request cannot be processed if this form is not properly completed and signed.
- 2) Complete and sign the Authorization Agreement for Automatic Deposits (ACH Credits) below.
- 3) Complete the Deposit Information section. You may deposit your pay in up to two (2) accounts by listing both in this section and indicating by dollar amount or percentage how much to deposit into each.
- 4) Attach a voided check(s) or bank letter(s) to this form. You must attach a check or letter with the TRANSIT/ABA NO. and your ACCOUNT NO. Deposit slips ARE NOT acceptable.

AUTHORIZATION AGREEMENT:

Print Name on account: _____ Social Security Number: ____ - ____ - ____

I (we) hereby authorize Shuart & Associates, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

IMPORTANT NOTE: The COMPANY cannot guarantee that deposits will be credited at the same time each pay period. It is your responsibility to verify deposits and availability of funds with your bank. The COMPANY cannot be held liable for your returned check charges.

DEPOSITORY #1

NAME: _____ CITY/STATE _____

AMOUNT TO DEPOSIT: \$ _____ or _____ %

DEPOSITORY #2

NAME: _____ CITY/STATE _____

AMOUNT TO DEPOSIT: \$ _____ or _____ %

ATTACH VOIDED CHECK(S) HERE