

GES Direct Deposit of Payroll

BEGIN DIRECT DEPOSIT CHANGE DIRECT DEPOSIT CANCEL DIRECT DEPOSIT

Employee Name: _____

Mailing Address: _____ SS#: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I authorize my employer, GES, to electronically deposit a fixed amount or the net pay amount indicated into the account or accounts listed below every payday. I understand that electing the "Net Pay Option" (item 1) means that 100% of my net pay will be direct deposited into the account listed in item 1. I also understand that I have the option of up to two (2) fixed amounts items (1 and/or 2) and the balance in a net pay (item 3) single account.

| | | |
|--------------------------------|-----------|--|
| 1. Financial Institution Name: | | Branch |
| Routing # | Account # | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Fixed Amount \$ | | Net Pay Option: <input type="checkbox"/> |

| | | |
|--------------------------------|-----------|--|
| 2. Financial Institution Name: | | Branch |
| Routing # | Account # | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Fixed Amount \$ | | |

| | | |
|--------------------------------|-----------|--|
| 3. Financial Institution Name: | | Branch |
| Routing # | Account # | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Fixed Amount \$ | | Net Pay Option: <input type="checkbox"/> |

If monies to which I am not entitled are deposited to my account, I authorize my employer, GES, to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon my termination of employment with GES.

Signature: _____ Date: _____

A VOIDED CHECK MUST BE ATTACHED FOR PROCESSING

FAX TO 407 370-4013