

your
SUCCESS



is our
SUCCESS

Direct Deposit

Associate Name _____
(Please Print)

Social Security Number _____

****Attach a voided check or bank letter specification sheet.****

I would like my wages/salary deposited to the bank account attached

Checking Bank Name: _____

Savings Bank Name: _____

Checking Account:
_____ Entire Net Pay

_____ % of Net Pay

_____ Set dollar amount \$ _____

Savings Account:
_____ Entire Net Pay

_____ % of Net Pay

_____ Set dollar amount \$ _____

I hereby authorize my employer, Shepard Exposition Services, (hereinafter "COMPANY"), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY 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 COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Account #: _____

Routing & Transit #: _____

Entered by Payroll: