



Direct Deposit Authorization

I hereby authorize OEM to directly deposit my pay into the bank account(s) listed below in the amounts specified. I have attached a voided check or deposit slip for each account specified below. This authorization shall remain in force until OEM has received written authorization from me of its termination or change, in such time and manner as to allow OEM and the depository a reasonable opportunity to act upon it.

I also grant OEM the right to correct any erroneous overpayments by debiting my account to the extent of such overpayment.

I understand that OEM reserves the right to refuse any direct deposit request. I also understand that all Direct Deposits are made through the Automated Clearing House (ACH) and that funds availability is subject to the terms of the ACH and my financial institution.

Financial Institution: _____ Telephone: _____	
Account #: _____ ABA Routing #: _____	
Type of Account	Amount: <input type="checkbox"/> % _____ <input type="checkbox"/> \$ _____ (use either % or \$, but not both)
<input type="checkbox"/> Checking	
<input type="checkbox"/> Savings	
<input type="checkbox"/> Other (explain)	

Financial Institution: _____ Telephone: _____	
Account #: _____ ABA Routing #: _____	
Type of Account	Amount: <input type="checkbox"/> % _____ <input type="checkbox"/> \$ _____ (use either % or \$, but not both)
<input type="checkbox"/> Checking	
<input type="checkbox"/> Savings	
<input type="checkbox"/> Other (explain)	

Employee Signature: _____ Date: _____

Printed Name: _____ Social Security #: _____

Attach a voided check for each account.

Allow 2 pay periods for processing