

PAYROLL DIRECT DEPOSIT AUTHORIZATION FOR CHECKING AND SAVINGS ACCOUNTS



PLEASE NOTE: DIRECT DEPOSIT WILL INITIALLY TAKE TWO PAY PERIODS TO GO INTO EFFECT - PRIOR TO THAT A CHECK WILL BE MAILED

Employee Name : _____ New authorization

Employee address : _____ Change of authorization

Employee City and State : _____

Financial Institution : _____

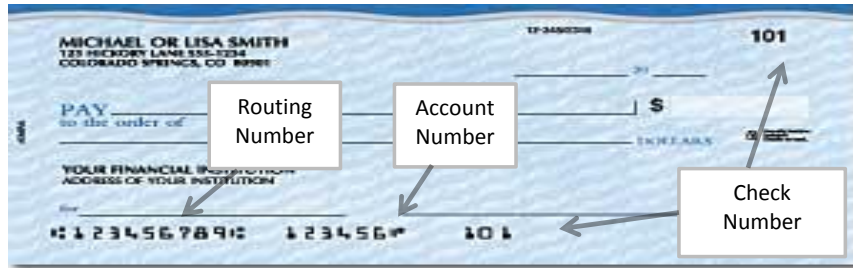
Routing Number : _____

Branch (if applicable) : _____

Indicate the type of account and account number on the first line. If requesting two or more accounts then you must list exact dollar amount for each additional account (percentage may NOT be used).

Checking		Savings		Account # _____	Amt \$ _____
Checking		Savings		Account # _____	Amt \$ _____
Checking		Savings		Account # _____	Amt \$ _____
Checking		Savings		Account # _____	Amt \$ _____
Checking		Savings		Account # _____	Amt \$ _____
Checking		Savings		Account # _____	Amt \$ _____

**Attach voided check with your name
or official note on bank letterhead listing routing number
and account number for each checking/savings account**



I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit my net pay automatically to my account(s) each pay day and to initiate adjustments, if necessary, for any entries made in error to my account(s). This authorization will remain in effect until I have cancelled it in writing or until I have been voluntarily or involuntarily terminated. Lifeworks reserves the right to charge a service fee to employee if a direct deposit has been rejected by its bank due to a closed account without notification. As required by U.S. law, I certify that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will immediately inform Lifeworks. I understand that it is my responsibility to verify that payment has been credited to my account and I am responsible for any resulting fees I incur from non-sufficient funds or personal finance charges. I certify that the information provided on this form is true and correct.

Signature: _____ Date: _____

Circle Legal Capacity as: Employee Guardian Other Legal Representative