

## **Direct Deposit Authorization**

Please Note that you may Direct Deposit into multiple accounts.

Company Name:		Con	Company ID:		☐ New Enrollment ☐ Change		
Employee Name:		Social Security Number:					
Financial Institution Name:			Account Status:		Type of Account:		
Account Number:	Routing/ Transit Nun	Routing/ Transit Number:		Amount of Paycheck: \$		% of Net Pay: %	
ATTACH VOIDED CHECK OR LETTER FROM FINANCIAL INSTITUTION							
Financial Institution Name:			Account Status:		Type of Account:		
Account Number:	Routing/ Transit Number:	Contribution  Balance	Method:	Cancel centage	Checking  Amount (if fi percentage		
ATTACH VOIDED CHECK OR LETTER FROM FINANCIAL INSTITUTION    Jauthorize Regis HR to withhold the indicated amount, if available, from my pay, and deposit directly into the account shown. The direct deposit will be submitted for each payday, unless I notify Regis HR in writing of my intent to cancel. Upon Regis HR's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it. I understand that Regis HR may pre-note my request with my financial institutions prior to making the request effective. The pre-note process may take up to 10 business days as per the financial institutions parameters. I understand that I need to verify funds availability prior to writing funds against the above referenced account. In the event funds are deposited erroneously into my account, I authorize Regis HR roseptis are made through the Automated Clearing House (ACH), that the funds' availability is visubject to the terms and limitations of the ACH as well							
request. I also understand that all direct of		Clearing House (ACI	H), that the funds' availability				
Employee Sigi	nature	Date					

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