



Direct Deposit Authorization Form

LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST 4 Social Sec.

DIRECT DEPOSIT OPTIONS	
START	Allow (2) two pay periods for processing. Verify your first direct deposit with a customer service representative at your bank.
CHANGE	Allow (2) two pay periods for processing. On the first payday, you will receive a check. Your paycheck will be direct deposited to your account on the second payday after your request. Verify your first deposit with a customer service representative at your bank.
STOP	Allow (1) week for changes to take affect from the date form is submitted.

BANK INFORMATION			
REQUIRED	Bank Name		Account Type Checking Savings
	Routing / Transit Number	Account Number	<u>DEPOSIT AMOUNT</u> BALANCE

OPTIONAL	Bank Name		Account Type Checking Savings
	Routing / Transit Number	Account Number	Fixed Deposit Amount

AUTHORIZATION

I authorize Chipton-Ross to transfer the full amount of my Salary, after applicable deductions, to the financial institution named above for deposit to my account. I understand that if I close my account, I will not receive a salary payment until my financial institution returns the funds to Chipton-Ross. This authorization remains in effect until I notify Chipton-Ross in writing.

*****ATTACH A VOIDED CHECK OR BANK AUTHORIZATION FORM*****

Employee Signature: _____

Date: _____

Submit Completed Form & Voided Check to: payroll@chiptonross.com or fax: 877-828-7319

FOR PAYROLL USE ONLY

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