

DIRECT DEPOSIT AUTHORIZATION FORM

<input type="checkbox"/> New Enrollment
<input type="checkbox"/> Change Account
<input type="checkbox"/> Cancel DD

EMPLOYEE INFORMATION		
Employee Name:	SSN:	
Street Address:	Phone:	
City:	State:	Zip Code:

COMPLETE TO ENROLL/CHANGE BANK ACCOUNTS			
Type of Account	Routing Number	Checking/Savings Account Number	Financial Institution ("Bank") Name
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
One of the following is required to process this enrollment (check one): <input type="checkbox"/> Voided check with name imprinted (no starter checks) <input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative MUST be included) *Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.			

EMPLOYEE CONFIRMATION STATEMENT	
I authorize the Metropolitan Community Services (the "Company" or "Employer") to deposit my wages/salary (and appropriate debit and adjustment entries), into the bank account specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer to make direct deposits into the named 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 written termination notice from me will be effective in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.	
Employee Signature:	Date:

COMPLETE TO CANCEL DIRECT DEPOSIT			
Type of Account	Routing Number	Checking/Savings Account Number	Financial Institution ("Bank") Name
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			

EMPLOYEE CONFIRMATION STATEMENT	
I hereby request my employer, Metropolitan Community Services (hereinafter Company), to cease initiation of credit entries to my account at the financial institution (hereinafter Bank) indicated above. 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 written termination notice from me will be effective in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.	
I request my paychecks to be mailed to: 	
I understand that I must update my address on file each time it changes. I further understand that Metropolitan Community Services is not responsible for U.S. Postal Service delays.	
Employee Signature:	Date: