



Direct Deposit Employee Authorization Form

Laufer and Associates, Inc.	33	0661
Company Name	Company No.	

Employee Name _____ Employee No. _____

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required. If funds are not available at the time adjusting entries are attempted, I authorize you and my employer to set-off the net of future paychecks and/or any and all tax withholdings in the amount of the adjustments required.

Bank/Credit Union Routing (ABA) Number	State	Type Circle One	Amount Percent Circle One	Account Number
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

Please Check One:

<input type="checkbox"/>	New or Additional Direct Deposit	
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit	<i>Previous account number to be replaced:</i>
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit	Amount was: _____ Amount changed to: _____
<input type="checkbox"/>	Other: Please Explain:	

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer nor Advantage is responsible for bank errors or bank fees. I may cancel these Direct Deposit(s) at any time.

Signature	Date
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Please attach one of the following to the back of this form for each account:

Do NOT cover the front of this form!

- Voided Check
- Bank letter or specification sheet *

** See your local bank representative*