

Direct Deposit Authorization Form

Employee Name _____

Region/District ____/____

Employee ID/SS# _____

Net Pay Direct Deposit

Bank Name: _____

Address: _____

City: _____

State: _____

Zip: _____

For all direct deposits (Primary Account):

Effective Date: ____/____/____

Transit Number	Account Number
_____	_____

Account Type (select one) Checking Savings Credit Union

For additional direct deposits:

Effective Date: ____/____/____

Transit Number	Account Number	Account Type	Amount or Per Cent	Effective Date
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

You must choose either a flat amount or a percentage of net pay to be deducted from each payroll.

Note: The bank selected to receive the direct deposit must be a member of the National Automated Clearing House Association (NACHA).

I _____ authorize United Parcel Service, Inc. to initiate credit entries and correcting debit entries, if necessary, to the bank account noted above. This authority is to remain in full force until United Parcel Service, Inc. has received written notification from me of its termination. Written termination shall be received in such time as to afford United Parcel Service, Inc. and the bank a reasonable opportunity to act on it.

Signed _____ Date _____

NOTE: When changing your Direct Deposit from one account to another, there will be a time delay in the transfer of account information. During this time period the employee will receive an actual paycheck. This check must be deposited or cashed by the employee. Direct Deposit funds are available on Friday.

*** Please attach a voided check and return to your Payroll Department ***