



1700 W. Big Beaver Road
Suite 240
Troy, Michigan 48084
(248) 643-0076 Office
(248) 643-6119 Fax

AUTHORIZATION FOR DIRECT DEPOSIT

Name of Employee: _____
(PRINT NAME)
Telephone: () - . Email: _____@_____

New Request Change Existing Account Cancel Authorization **Decline to Enroll**

SAVINGS CHECKING

Bank Account Owner(s) Name(s): _____
Bank/Credit Union Name: _____
Bank Routing/ABA Number: _____ (9 Digits)
Account Number: _____ (Include all Zeros)

ATTACH VOIDED CHECK

SAMPLE CHECK. NOT ALL CHECKS LOOK ALIKE

The image shows a sample check with the following details:

- Payor: YOUR NAME, 123 Your St., Your Town, CA. 12345
- Payee: Pay to the Order of _____ \$ _____ DOLLARS
- Bank: YourBank
- ABA or Bank Routing Number: 123456789
- Bank Account Number: 123456789101
- Check Number: 1026

Routing numbers are 9 Digits.
Account numbers can be any number of digits.
You **MUST** include all ZEROS when entering your Account Number.

I understand, agree, and acknowledge that:

1. By signing this Authorization Agreement, I am authorizing the following pursuant to the applicable NACHA rules: (a) Linda Weston Personnel, Inc. (LWP, Inc.) to initiate deposit (credit) entries and, if necessary, reversal/correction (debit) entries and adjustments for any deposit (credit) entries in error to my account(s) listed above; and (b) the bank/credit union named above to credit and/or debit the same to such account(s)
2. I am certifying the account(s) listed above belong to me and I have access to the funds in such account(s)
3. I must allow 10-15 business days for direct deposit or cancellation to commence.
4. This applies to all payroll payments from Linda Weston Personnel, Inc, including reimbursements, etc.
5. This acknowledgement will remain in effect until the earliest of (a) Linda Weston Personnel, Inc.'s receipt of written, signed and dated notification from me, within 15 business days, for Linda Weston Personnel to act on it; (b) my death or legal incapacity, or (c) Linda Weston Personnel, Inc's receipt of notice from the bank/credit union listed above, or LWP's financial Institution, that it will no longer honor or accept direct deposits as designated in this agreement for any reason
6. I must attach a voided check pre-printed with my name & address (not a starter check) OR a letter from my bank that confirms I am an account holder to a SAVINGS or CHECKING account, and verifies the account & routing numbers. LWP, Inc., will not process this form, or begin direct deposits to any account on my behalf, until I submit all required documents.

Signature of Employee _____ Date _____
Revised October 17, 2008