

Direct Deposit

Employee Authorization and Agreement

Company Name		Company No.

Employee Name	Employee No.
Employee Email: _____	

I authorize my employer as noted above, Diversified Financial Services, Inc., GMS and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

Bank/Credit Union Name	State	Circle Type	Amount	Account Information
		Ckg Sav	Specific Amount \$ _____ or Net Check _____	Routing Number (lower left on check) # _____ Account # _____

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		Account number to be replaced
<input type="checkbox"/>	Change the amount of an existing Direct Deposit	Amount was:	Amount changed to:
<input type="checkbox"/>	Other Please Explain:		

Please attach a voided check for the Direct Deposit bank account as verification for each request.

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 my employer, Diversified Financial Services, Inc. nor GMS is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with Diversified Financial Services Direct Deposit Agreement, GMS's Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Signature	Date