



AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY

(Please print or type all information)

EMPLOYEE INFORMATION

LOCATION ID	EMPLOYEE ID	Last four numbers of SSN*	NAME Print (Last, First, MI)
		XXXX-XX-	

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollment, and financial institution or account changes.)

#1 - FINANCIAL INSTITUTION INFORMATION

#2 - FINANCIAL INSTITUTION INFORMATION

Select	<input type="radio"/> New Enrollment <input type="radio"/> Change Account	
Effective Date		
NAME of Bank		
CITY of Bank	<input type="checkbox"/>	Checking
TRANSIT #	<input type="checkbox"/>	Savings
ACCOUNT #		
NET AMOUNT		

Select One	<input type="radio"/> New Enrollment <input type="radio"/> Account Change	
Effective Date		
NAME of Bank		
CITY of Bank	<input type="checkbox"/>	Checking
TRANSIT #	<input type="checkbox"/>	Savings
ACCOUNT #		
NET AMOUNT		

I authorize Wilbert Funeral Services, Inc. to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post transactions to these accounts. This authorization is to remain in force until Wilbert Funeral Services, Inc. receives written notice from me to cancel or change this authorization.

Form must be accompanied by a voided check for checking accounts or deposit slip for savings accounts for EACH account listed.

EMPLOYEE SIGNATURE

DATE

SECTION B: CANCELLATION #1

EFFECTIVE DATE

I hereby cancel the authorization for Wilbert Funeral Services, Inc to originate direct deposit entries to my checking/savings

EMPLOYEE SIGNATURE

DATE

SECTION B: CANCELLATION #2

EFFECTIVE DATE

I hereby cancel the authorization for Wilbert Funeral Services, Inc to originate direct deposit entries to my checking/savings account(s).

EMPLOYEE SIGNATURE

DATE

**PLACE VOIDED
CHECK HERE**