

## DIRECT DEPOSIT AUTHORIZATION

Print Full Name: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number:

Check appropriate box:      Checking Account      Savings Account

Direct Deposit

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account med above.

I would like to cancel my direct deposit authorization

The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

I acknowledge that Procure Personnel is not responsible for funds not deposited into my account due to any error of any sort. I also understand that Procure Personnel cannot furnish me a replacement check for funds not immediately direct deposited into my account for said error.

Procure Personnel needs to receive written confirmation from PNC the nature of the error for non-deposit of funds.

I also understand that this process can take up to 5-7 business days to receive a replacement check.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please attach a copy of a voided check

**ATT6-A**