

DIRECT DEPOSIT (OPTIONAL)

C.F.S.I. Employment Services is proud to offer several different direct deposit choices. Choose the right one for you.

We have listed below some of the information and benefits of the program:

- *GLOBAL PAYROLL VISA DEBIT CARD (CARD WILL BE ASSIGNED TO YOU)*
- *EACH EMPLOYEE CAN DIRECT DEPOSIT A PORTION OR ALL OF HIS/HER PAYCHECK IN UP TO 15 BANK ACCOUNTS EACH PAY PERIOD (IN THE SAME BANK OR 15 DIFFERENT BANKS)*
- *EMPLOYEE DOES NOT HAVE TO HAVE AN ACCOUNT AT THE EMPLOYER'S BANK*
- *THREE CHOICES PER BANK ACCOUNT FOR DETERMINING THE AMOUNT OF DIRECT DEPOSIT(PERCENTAGE OF NET PAY, FIXED AMOUNT, OR REMAINDER OF CHECK)*
- *EMPLOYEE DOES NOT HAVE TO DIRECT DEPOSIT ALL OF NET PAY. (DIRECT DEPOSIT A PORTION AND RECEIVE A CHECK FOR THE REMAINDER)*
- *DIRECT DEPOSITS WILL REMAIN IN EFFECT UNTIL A SIGNED AND DATED WRITTEN NOTIFICATION OF CANCELATION IS PROVIDED.*

If you have any questions or need more information feel free to contact C.F.S.I. Employment Services office personnel.

Thank you,

Management

OPTIONAL FOR BANKS OR DEBIT CARDS

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT INTO YOUR BANK OF CHOICE

DO NOT FILL OUT IF YOU WANT TO BE ISSUED A GLOBAL CASH CARD

Employee Name: _____

Social Security Number: _____

Street Address: _____ City _____ State _____ Zip _____

I hereby authorize C.F.S.I. Employment Services to initiate credit entries to my account at the depository institution listed below:

(IF YOU HAVE MORE THAN TWO BANKS PLEASE ASK FOR ADDITIONAL FORMS)

Name of bank:	Phone Number:	City, State, Zip:
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Routing Number:
Account Number:

Please circle one:	
Checking	Savings

PLEASE CHOOSE ONE OF THE FOLLOWING FOR THIS ACCOUNT:

Percentage of net pay:	Fixed amount:	Remainder of check:
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Name of bank:	Phone Number:	City, State, Zip:
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Routing Number:
Account Number:

Please circle one:	
Checking	Savings

PLEASE CHOOSE ONE OF THE FOLLOWING FOR THIS ACCOUNT:

Percentage of net pay:	Fixed amount:	Remainder of check:
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This authority will remain in full force and effect until written notification from me of its termination or change. If an error of under deposit or over deposit is distributed into my account, I authorize Citizens Bank and Trust to make correcting adjustment.

Name: (please print) _____ Date _____

PLEASE PROVIDE YOUR EMAIL
ADDRESS SO WE CAN EMAIL YOU
PAY VOUCHER.

Signature: _____

In order to activate a direct deposit
Please provide a voided check or a
confirmation card from your bank that
has the routing number and account