

Jason's Hauling, Inc.
 5102 N. 56th Street
 Tampa, FL 33610-5408
 T: (813) 872-8440 / F: (813) 875-7202



Direct Deposit Authorization

Employee Name:	Date:
Employee Number:	Employee Last 4 SSN:

Check all that apply. Note: There is a limit of three accounts for Direct Deposits.

<input type="checkbox"/> New Employee Direct Deposit(s)	Requires a Voided Check(s) or Official Bank Documentation to be attached.
<input type="checkbox"/> Change of Account(s)	<i>Change to existing</i> Direct Deposit setup (ie.. <u>Stop all existing, add new</u>). Requires a Voided Check(s) or Official Bank Documentation to be attached.
<input type="checkbox"/> Add Account(s)	<i>Add to existing</i> Direct Deposit setup (ie.. <u>Retain all existing, add new</u>). Requires a Voided Check(s) or Official Bank Documentation to be attached.
<input type="checkbox"/> Stop Direct Deposit	No need to attach a Voided Check or Official Bank Documentation.
<input type="checkbox"/> Change \$ Amount or % of Pay	No need to attach a Voided Check or Official Bank Documentation.

Account Information

Institution(s) / Bank Name	City / State	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Routing Number:	Account Number:	
I want to deposit: \$ _____ -or- <input type="checkbox"/> Entire Net Amount		

Institution(s) / Bank Name	City / State	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
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Institution(s) / Bank Name	City / State	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Routing Number:	Account Number:	
I want to deposit: \$ _____ -or- <input type="checkbox"/> Entire Net Amount		

Attach Voided Check(s) Here.

- OR -

Attach Official Printed Bank Documentation a separate 2nd page.

Deposit and Withdrawal slips are not acceptable.

Importation! Please read and sign before completing and submitting.

I hereby authorize Jason's Hauling Inc, either directly or through its payroll service provider (ADP), to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Jason's Hauling Inc, either directly or through its payroll service provider (ADP), to my account. In the event that Jason's Hauling Inc deposits funds erroneously into my account, I authorize Jason's Hauling Inc, either directly or through its payroll service provider (ADP), to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employee and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name:	Employee Signature:	Date:
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