



DIRECT DEPOSIT AUTHORIZATION AND CHANGE REQUEST

Employee Name: _____ Social Security #: _____

I hereby authorize Kymberly Group Payroll Solutions, Inc. to initiate credit and/ or debit entries (if necessary) and adjustments for any credit entries in error to my account.

Deposit entries are to be made to the following checking and/ or savings accounts:

A. Depository Account #1

Bank Name: _____ Bank Phone: _____

City: _____ State: _____ Zip Code: _____

Routing and Transit #: _____ Customer Account #: _____

Type of Account (Specify One): Checking Savings Activate Account Cancel Account

Amount of Paycheck: _____ or % Amount of Paycheck _____

A. Depository Account #2

Bank Name: _____ Bank Phone: _____

City: _____ State: _____ Zip Code: _____

Routing and Transit #: _____ Customer Account #: _____

Type of Account (Specify One): Checking Savings Activate Account Cancel Account

Amount of Paycheck: _____ or % Amount of Paycheck _____

A. Depository Account #3

Bank Name: _____ Bank Phone: _____

City: _____ State: _____ Zip Code: _____

Routing and Transit #: _____ Customer Account #: _____

Type of Account (Specify One): Checking Savings Activate Account Cancel Account

Amount of Paycheck: _____ or % Amount of Paycheck _____

Please attach a VOIDED CHECK if depositing to a checking account and/ or a VOIDED DEPOSIT SLIP if depositing to a savings account.

This authority is to remain in full force and effect until Kymberly Group Payroll Solutions, Inc. has received written notification from me of its termination within a reasonable time and manner to allow Kymberly Group Payroll Solutions, Inc. to act upon it. There will be approximately one pay cycle of pre-noting until direct deposit is established. ALL FINAL PAYCHECKS ARE PHYSICAL CHECKS, NOT DIRECT DEPOSIT.

I do not wish to participate in the automatic direct payroll deposit. I wish to receive a live check with each payroll.

Employee Signature

Date: