LOTUS TECHNICAL

Direct Deposit Enrollment/Change Form

Request for (Check only One)

__ Initial Request   __ Change   __Cancellation

Personal Data

Employee Name	
Social Security Number	
House Address	
City, State, Zip Code	

Financial Institution Data

Financial Institution	
Routing Number:	
Account Number:	

If less than 100% of your net pay is to be deposited to the account noted, please indicate the amount or percentage to deposited: _____

Type of account: ___Checking   __ Savings

Authorization

I authorize my employer, Lotus Technical, and the financial institution named above to deposit automatically my net pay to my account. This authorization includes my consent to reverse any entries made in error. This authorization will remain in effect until I give written notice of Cancellation.

Employee Signature _____

Date: _____