



## Authorization Form For Automatic Payroll Deposit

This authorization form gives The Goldman Sachs Group, Inc. and/or any of its subsidiaries or affiliates and your financial institution the authority to deposit your pay into your account.

### Directions:

1. Fill in the information requested below.
2. Mark the box to indicate whether your pay will be deposited in your **Checking, Savings, GS Brokerage or Fidelity Brokerage account.**
3. For checking accounts, attach a **voided sample check or copy of check**. For savings accounts, attach a copy of a **bank statement**. For GS brokerage accounts, attach a **Direct Deposit Letter** which can be downloaded through your PWM online brokerage account web site.
4. Be sure to sign and date the form.
5. Return the information via interoffice mail to the Compensation Accounting Department, 30 Hudson St / 19<sup>th</sup> Floor.

**Please allow up to 2 pay cycles for direct deposit to take effect.**

**Financial Institution Name:** \_\_\_\_\_

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

**ABA/ Routing Number:** \_\_\_\_\_

### **Type of Account (Check One)**

Checking ☐

Savings ☐

GS Brokerage ☐

Fidelity Brokerage ☐

I hereby authorize The Goldman Sachs Group, Inc. and/or any of its subsidiaries or affiliates and the financial institution indicated above to deposit my net pay into my account automatically each pay day. **If monies to which I am not entitled are deposited into my account, I authorize the Firm to direct the financial institution to return all said funds.** I understand that it is my responsibility to notify the Firm's Payroll Department in writing on a timely basis should I change financial institutions or account numbers. This authority shall remain in effect until I have canceled it in writing.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Employee # \_\_\_\_\_ Department \_\_\_\_\_

Location \_\_\_\_\_ Extension \_\_\_\_\_

Social Security # \_\_\_\_\_ Date \_\_\_\_\_