

PLEASE PRINT OR TYPE.

Automatic Payroll Deposit

Employee				one Ext
Company	Company			re/
		Addition		
		Deletion		
		Change		
Checking Account Number			Bank	
			Location	
			Transit Routing Number (nine digits)	
Savings Account Number			Bank	
			Location	
			Transit Routing Number (nine digits)	
Action To Be Taken (Funds may be allocated to a maximum of two accounts only. Please allow one pay period to pass before your transaction is implemented.)				
☐ Please deposit my entire payroll check in my checking account.				
	☐ Please deposit my entire payroll check in my savings account.			
	Please start making an automatic savings deposit in the amoshown:		in the amount	\$
	Please increase my automatic savings deposit to the amount shown:		ne amount shown:	\$
	Please decrease my automatic savings deposit to the amount shown:			\$
	□ Please eliminate the automatic savings deposit and deposit all funds in my checking account.			
☐ Please discontinue depositing my paycheck and mail it to my hom			ail it to my home.	
ou must furnish a copy of a cancelled check or a deposit slip with this form.				

I hereby authorize UBS and the bank indicated above to deposit my net pay or part of my net pay into my account automatically each pay day. I authorize UBS and the bank indicated above to deposit reimbursements due me for travel and entertainment expenses into my account automatically following receipt of valid and approved expense reports. I understand UBS reserves the right to reverse any such deposits, if necessary, to correct errors. I understand that it is my responsibility to notify the Payroll in writing on a timely basis, should I change banks or bank account numbers. This authority shall remain in effect until I have cancelled it in writing.

Signature ___