## **Direct Deposit Form**

То	Date Submitted	Effective Date
Kamal	2021-05-06	2021-05-04
From	Company	Office Location
Kamal	Kamal	Kamal
	6	Deposit we recommend that you verify with your bank or financial institution has its own process for funds availability

Account #1

Bmplogreet Bign (ANBiAn)e#: Checking Saving Saving 1232 123345678989

Account #2 (Optional)

Bmplogreet Bign (ANBiAn)e#: Checking Saving Saving Account: No.:

Note: This Process May Take Up To 2-3 Weeks But Will Not Dalay Or Hold Back Your Paycheck.

**Sharehyre**authorize

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Kamal Gupta

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(the Company) to deposit any amounts owed no instructed by my employer. by .nitiating credit entries to my account at the financial institution(hereinafter "Bank") Indicated on this form. Further, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization will be In effect un Company receives a wrlt1entermination notice from myself and has a reasonable opportunity to act on it.

Date

Print Name

## Mr. Employee Test

Please submit completed form 10 your branch representative via fax or mall. The safety and securlry of your financial information is of primary importance. Due ID the sensilive natule or rhe informarJon; submirting e/ecuonically Is nor advised without the use of 8 secure web porod, and If done so, will be at your risk.

**Print**