

Schafer/Asynchrony Corporation

Direct Deposit Authorization

I, _____, authorize the Company and the Financial Institution(s) listed below to
(Print Name)
automatically credit to the indicated deposit account at ☐ Net payroll amounts* and/or ☐ expense report payments due to me.

(Employee Signature)

Date

If funds to which I am not entitled are deposited to my account, I authorize the Company to direct the Financial Institution to return said funds. Excepting claims arising out of any failure on the part of the Financial Institution to exercise reasonable care, or to comply with any of the provisions of its agreement with the Company and excepting any claims arising in whole or in part out of any act or omission on the part of the Financial Institution, I agree to indemnify and hold the Financial Institution and the Company harmless from any claim(s) arising out of or resulting from the operation of the Direct Deposit Program, including, without limitation, any claim based on alleged loss to me as a result of noncredit of any deposit or any claim which may be made by any Participant as a result of the rejection or dishonor of any of my checks because of insufficient funds arising from the failure to credit deposits thereunder to my account. This authority will remain in effect until I have canceled it in writing.

**I understand that the Financial Institution has two (2) business days following pay day to credit my account(s). I also understand that any change in my direct deposit may temporarily affect other direct deposits or may result in my receiving a live check for one pay period.*

Please deposit my ☐ net pay and/or ☐ expense report payments as indicated below.

1. _____
Financial Institution City, State, Zip Code Deposit Account Number

☐ Checking¹ ☐ Savings/Other

\$ _____ \$ _____ Routing and Transit # _____

If this is a change, complete the following: _____
Prior Financial Institution Prior Account Number

2. _____
Financial Institution City, State, Zip Code Deposit Account Number

☐ Checking¹ ☐ Savings/Other

\$ _____ \$ _____ Routing and Transit # _____

If this is a change, complete the following: _____
Prior Financial Institution Prior Account Number

3. _____
Financial Institution City, State, Zip Code Deposit Account Number

☐ Checking¹ ☐ Savings/Other

\$ _____ \$ _____ Routing and Transit # _____

If this is a change, complete the following: _____
Prior Financial Institution Prior Account Number

¹ Attach copy of void check