

DIRECT DEPOSIT / ONLINE CHECKVIEW AUTHORIZATION FORM

I hereby authorize Chanel, Inc. and/or its subsidiaries or affiliated entities to automatically deposit all payroll checks (and, as applicable, T&E reimbursements) and initiate charges (debits) (subject to applicable laws) in the event an adjustment is necessary to the bank account(s) listed below:

<u>Checking Account #1</u>

Bank Name: _____

Bank ABA #: _____

Your Account #: _____

Amount: _____

<u>Savings Account #1</u>

Bank Name: _____

Bank ABA #: _____

Your Account #: _____

Amount: _____

Fill in "Net Check" as the amount for depositing your entire check.
--

<u>Checking Account #2</u>

Bank Name: _____

Bank ABA #: _____

Your Account #: _____

Amount: _____

<u>Savings Account #2</u>

Bank Name: _____

Bank ABA #: _____

Your Account #: _____

Amount: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR EACH ACCOUNT.

By signing this authorization below, I further recognize that I will also begin receiving all pay data directly via access to *Payroll Workcenter*, the online checkview payroll product. Paper copies of my earnings records will no longer be mailed but can be accessed and printed by me through the Payroll Workcenter system in order that I may fully review my pay stub and any transaction relative to my pay.

Payroll Workcenter logon instructions can be found on Inside CHANEL under "Benefits"-> "Payroll/Schedules", title "Payroll Workcenter Access Instructions"

This authorization will remain in effect until I have revoked it in writing. I understand that due to the requirements of my financial institution, Company and Bank holidays may cause a delay in posting the monies to my personal account.

In the event I have any questions or concerns, I will contact the Payroll Department.

Employee Name (print): _____

Employee ID #: _____

Employee Signature: _____

Date: _____

Work Location: _____

Note: Due to Bank requirements, it will take ten banking days to activate your direct deposit request.