

DIRECT DEPOSIT SIGN-UP FORM

By submitting this form to the Human Resources Department, the employee indicates agreement with and understanding of the following "Conditions for Direct Deposit"

1. I understand that the first direct deposit will be approximately **THREE PAYROLL PERIODS** after this authorization is received by the Human Resources Department.
 2. I will notify the Human Resources in writing of any changes to my bank account number.
 3. I can cancel at any time. OrthoSynetics can also cancel at any time. I understand that my cancellation must be received by the Human Resources Department in writing no later than the Friday prior to my regular pay day.
 4. I understand that my account must be with a depository that is a member of the automated clearing house.
 5. The employee's name **MUST** be listed on the account before direct deposit can begin.
 6. I understand that if I request direct deposit into more than one bank account, a Direct Deposit Sign-Up Form must be submitted for each account.
 7. All sections of this form must be completed properly. Incomplete forms will not be processed.
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_____ This is a new request for direct deposit.

_____ This is a change from the current account to a new account.

_____ This account is in addition to the account that is currently direct deposited to.

_____ The account listed below is a **checking** account (a voided check must be attached to this form).

_____ The account listed below is a **savings** account (a direct deposit slip must be attached to this form).

_____ I request that the **full amount** of my payroll check be deposited into the account listed below.

_____ I request that the dollar amount of \$_____ be deposited into the account listed below.

The ACH Routing Number is: _____
This number must be nine (9) digits. Please contact your bank for verification of this number before submitting this form.

The account number is: _____
This number can be no longer than seventeen (17) digits. Please contact your bank for verification of this number before submitting this form.

Name of bank: _____

Bank phone number: (_____) _____

Employee name (Print): _____ Date: _____

Employee signature: _____