

APS VERIFICATION:

Email

Verbal

Signature_{_}

Electronic Funds Transfer Authorization

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages specified. If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%. I have attached a voided check or deposit slip for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

*I understand and consent that my direct deposit advise will be emailed to the email address I've included on this form and a new form will have to be filled out if I want to make any changes.

Also, I grant APS Employment Services the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Address:		Telephone: ()
Email address:		
ignature:		
Account #1 Checking	Savings	(Check only one)
inancial Institution:		Phone Number:
Address:		
Percent or amount of pay to be deposite	ed into this account:	% or \$
Account #2 Checking		
inancial Institution:		Phone Number:
ddress:		
		% or \$

Check each after verification is completed. Document any important information on the back of the form.

Staff Initials

Date