



Company Name: _____
ACH DIRECT DEPOSIT

By completing the information requested below and returning it to ESS, your wages will be automatically deposited into the particular accounts designated by you. Please be advised that the "automatic deposit" requires approximately 2 weeks from receipt of this form to be properly processed and established. Once established, your wages will be automatically deposited into your account and available on the second banking day after your hours are reported ESS.

NAME: _____ **SOCIAL SECURITY #:** _____

PERCENTAGE OR FLAT AMOUNT IN <u>CHECKING</u>?: _____
BANK OR CREDIT UNION: _____
ADDRESS OR BRANCH: _____
TRANSIT/ABA NUMBER: _____ <small>(The first nine digits on the last printed line on the bottom of the check)</small>
<u>CHECKING</u> ACCOUNT NUMBER: _____ <small>(A VOIDED CHECK MUST BE ATTACHED BELOW)</small>

PERCENTAGE OR FLAT AMOUNT IN <u>SAVINGS</u>?: _____ <small>(OPTIONAL)</small>
BANK OR CREDIT UNION: _____
ADDRESS OR BRANCH: _____
TRANSIT/ABA NUMBER: _____
<u>SAVINGS</u> ACCOUNT NUMBER: _____

I HEREBY AUTHORIZE EMPLOYER SUPPORT SERVICES, INC. TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ERROR TO MY ACCOUNT AND I AUTHORIZE THE FINANCIAL INSTITUTION NAMED ABOVE TO PROCESS SAID CREDIT ENTRIES.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE EFFECT UNTIL EMPLOYER SUPPORT SERVICES, INC. HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ACH TERMINATION IN SUCH A MANNER AS TO AFFORD EMPLOYER SUPPORT SERVICES, INC. AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

Place Copy of Voided Check Here

SIGNATURE: _____

DATE: _____