



**DIRECT DEPOSIT AUTHORIZATION**

**Please deposit my entire net pay into the account specified below:**

Circle one:    Checking    Savings    **VISA Pay Card**

Bank Name: \_\_\_\_\_

Account # \_\_\_\_\_

Routing / Transit # \_\_\_\_\_

**ATTACH A VOID CHECK, BANK LETTER, OR SPECIFICATION SHEET.**

**If you are splitting your deposit, please select the second account and mark the percentage or the correct dollar amount to be deposited:**

Circle one:    Checking    Savings

Bank Name: \_\_\_\_\_

Account # \_\_\_\_\_

Routing / Transit # \_\_\_\_\_

Split amount:    Percentage to this account \_\_\_\_\_%    OR flat dollar amount \$\_\_\_\_\_

**EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ (required)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RESPONSIBILITY OF EMPLOYEE:**

Upon enrolling in the direct deposit program, the Employee will affirm whether the entire payment amount, is or is not, subject to being forwarded to a bank in another country. Should the Employee's status change at any time in the future, the Employee should notify C.S.T. immediately.

**AUTHORIZATION:**

I authorize my employer; Customer Service Team Connection, Inc. d/b/a C.S.T. Connection (hereinafter C.S.T.) to deposit my net pay each payday directly into my account. In the event that this banking information on this document is incomplete and/or left blank a Wisely Pay Card will be mailed to the address provided on my W4. In the event that the C.S.T. deposits funds erroneously into my account, I hereby authorize the C.S.T. to debit my account for an amount not to exceed the original amount of erroneous credit.

This authorization will remain in full force and effect until the C.S.T. and the Bank have received written notice from me of its termination in such time and in such manner as to afford C.S.T. and Bank a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_