



Payroll Direct Deposit Authorization Form

Oilfield Service Co.

Section 1 – TRANSACTION TYPE

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change:	<input type="checkbox"/> Cancel Existing Direct Deposit
<input type="checkbox"/> Checking	<input type="checkbox"/> Bank	Deposit
<input type="checkbox"/> Savings	<input type="checkbox"/> Account Number	

Section 2 – EMPLOYEE INFORMATION

Employee Name (please print):		SSN#	
Mailing Address	City	State	Zip Code

Section 3 – AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

I hereby authorize the COMPANY to credit my pay to the checking or savings account at the BANK named below and to debit my account to correct any error that may occur involving the payroll deposit.

This authority is to remain in full force and effect until the COMPANY and BANK have received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Deposit Instructions:

Deposit all pay into Account #1

Deposit all pay into Account # 1 except for: \$ _____
per payroll into Account #2

FOR DIRECT DEPOSIT ENROLLMENT ON THE ACCOUNT(S) ABOVE ATTACH EITHER A VOIDED CHECK (checking accounts) OR WITHDRAWAL SLIP (savings account) "HERE"

IMPORTANT NOTE:

All employees should call their bank to insure funds have been posted to their account.

ALL EMPLOYEES – Submit completed form to the Human Resources Department.