

**Employee Instructions:**

1. Complete the employee required information section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Attach a blank VOIDED check in the Check Section for the account you wish money to be deposited into.
4. Savings Acct only, attach bank verification for the account you wish money to be deposited in.
5. Sign the bottom of the form.
6. Return the form to your employer.

<b>Employee- Required Information</b>	
<i>PLEASE PRINT</i>	
Employee Name _____	
Social Security No. ____ / ____ / ____	

<b>DIRECT DEPOSIT</b>	
<p style="text-align: center;"><b>I would like my wages/salary deposited to the bank account checked below.</b></p>	
<input type="checkbox"/> <b>Checking</b> Bank Name _____  ABA # _____  Acct. # _____	<input type="checkbox"/> <b>Savings</b> Bank Name _____  ABA # _____  Acct. # _____
<p><b>I wish to deposit (check one):</b></p> <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____	<p><b>I wish to deposit (check one):</b></p> <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____

<b>VOIDED CHECK</b>

I hereby authorize my employer, \_\_\_\_\_ (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Kelly & Associates Financial Services, Inc. directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by Kelly & Associates Financial Services Inc may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Kelly & Associates Financial Services, Inc. from my employers bank. If, within 30 days of Kelly & Associates Financial Services Inc making the deposit into my account, my employer does not make available to Kelly & Associates Financial Services, Inc. the funds that were advanced to make the deposit into my account, I authorize Kelly & Associates Financial Services Inc to charge my account to recover said advance. I agree to hold Kelly & Associates Financial Services, Inc. harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Baltimore, Maryland, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice 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** \_\_\_\_\_

Return this original form to your employer