

Date: _____

Dear _____

Enclosed please find an application for Direct Deposit. Please fill out, and also note the asterisks (*). These are important points of information to help expedite your application as quickly as possible.

The initial procedure for processing your application takes approximately (3) weeks. This procedure is done by sending an application through to our bank with the account and routing numbers. If for any reason, one of the numbers is incorrect, the bank will send us notification. This gives us enough time to call and get the correct information.

At the end of this time, if we have not received any corrections, your application will be permanently set up.

* Also, for General Forepersons, if you have a rehire, please ask him/her if they had direct deposit at a previous time. Ask if they still have the same account or if it changed. Do they want Direct Deposit to continue? Please call us to either stop it or reset their information.

Please send the completed application to the following address:

Becky Fayette
Direct Deposit Office/Payroll Department
708 Blair Mill Road
Willow Grove, PA 19090

You may also send to our FAX Number, 1-215-784-4242, Attn: Direct Deposit. If you should have any questions, please feel free to call at (215) 784-4325 or (215) 784-1363.

Truly yours,

Becky Fayette

BECKY FAYETTE, Direct Deposit
LORRY RYAN, Direct Deposit

*very important

EMPLOYEE NAME: (Please Print)

EMPLOYEE SOCIAL SECURITY NUMBER

**AUTHORIZATION FORM
DIRECT DEPOSIT OF NET PAY**

CHECK ONE:

NEW ELECTION

CHANGE IN BANK INFORMATION

The account listed below is my CHECKING / SAVINGS (Circle One) account. I am requesting that 100% of my NET PAY be credited to this account.

Bank/Financial Institution Name: Bank/Financial Institute Phone
Area Code ()

Bank/Financial Institution Address: Bank Routing Number (ABA Number)

Your Account Number:

PLEASE ATTACH HERE
A VOIDED CHECK FOR CHECKING
ACCOUNTS OR A DEPOSIT SLIP
FOR SAVINGS ACCOUNTS

[] I DECLINE THE USE OF DIRECT DEPOSIT FOR THE PURPOSE OF SENDING MY PAYROLL CHECK.

BY MY REFUSAL OF THIS SERVICE I UNDERSTAND THAT MY PAYROLL CHECK WILL BE SENT BY WAY OF THE U.S. POSTAL SERVICE.

SIGNATURE _____ DATE _____

PLEASE STAPLE VOIDED CHECK IN THIS SECTION

-IMPORTANT-

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS OR A DEPOSIT SLIP FOR SAVINGS ACCOUNTS, AUTHORIZED ON THIS FORM. PAYROLL WILL NOT PROCESS ANY FORM WITHOUT AN ATTACHED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP.

I hereby authorize THE COMPANY, by which I am employed (as I have indicated below) to initiate electronic transactions to my account at the Bank / Financial Institution indicated above. I understand that this authorization applies to both credits (deposits) authorized herein and debits (withdrawals) required to correct overpayment previously deposited to which I am not entitled. This authority is to remain in force until my employer (named above) has received written notice of my intention to revise or rescind this election and has been given a reasonable opportunity to act on my request.

Employee Signature: _____ Company: _____

Employee Social Security Number: _____

Employee Name: (Please Print) _____

YOUR ACCOUNT NUMBER WILL BE VERIFIED WITH YOUR BANK BEFORE DIRECT DEPOSIT OF YOUR NET PAY BEGINS. UNTIL VERIFICATION IS COMPLETED (APPROXIMATELY THREE WEEKS), YOUR NET PAY WILL CONTINUE TO BE MADE BY CHECK.