

DIRECT DEPOSIT AUTHORIZATION

□ NEW			EMPLOYEE NAME	
Form to be completed by		SOCIAL SECUDITY NUMBER		
☐ CHANGE associate and sent to servicing		SOCIAL SECURITY NUMBER		
☐ CANCEL Human Resources Off		ources Office.	FACILITY NUMBER	PHONE
PRIVACY ACT OF 1974: Disclosure of your social security number and other personal information is solicited by the authority of title				
10, United States Code, section 3013 and 8013. The information is used to identify you in the Exchange payroll system and to correctly transmit your funds to the financial institution(s) indicated.				
I HEREBY AUTHORIZE THE EXCHANGE, ITS AGENTS AND THE FINANCIAL INSTITUTION(S) INDICATED, TO DEPOSIT TO MY ACCOUNT INDICATED ABOVE, THE NET AMOUNT I AM DUE FOR ANY PAY PERIOD WITH THE SAME EFFECT AS IF A CHECK HAD BEEN DELIVERED TO ME FOR SUCH AMOUNT. IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED TO MY ACCOUNT, I AUTHORIZE THE EXCHANGE AND ITS AGENTS, TO DIRECT THE FINANCIAL INSTITUTION(S) TO RETURN SAID FUNDS. THIS AUTHORITY REMAINS IN EFFECT UNTIL I FILE IN WRITING A NEW AUTHORIZATION OR CANCEL MY PARTICIPATION. TERMINATION OF				
EMPLOYMENT ALSO VOIDS THIS AGREEMENT. EMPLOYEE SIGNATURE DATE				
SIGNATURE				
PRIMARY ACCOUNT - Remainder of Net Pay			U DEPOSIT AMOUNT \$	
NAME (Financial Institution)			NAME (Financial Institution)	
CITY, STATE			CITY, STATE	
ROUTING NO. (9 dig	its)	CHECKING	ROUTING NO. (9 digits)	☐ CHECKING
ACCOUNT NO.		SAVINGS	ACCOUNT NO.	☐ SAVINGS
U DEPOSIT AMOUNT \$			U DEPOSIT AMOUNT \$	
NAME (Financial Institution)			NAME (Financial Institution)	
CITY, STATE			CITY, STATE	
ROUTING NO. (9 dig	its)	CHECKING	ROUTING NO. (9 digits)	☐ CHECKING
ACCOUNT NO.		SAVINGS	ACCOUNT NO.	☐ SAVINGS
* ATTACH A BLANK VOIDED CHECK OR OTHER BANKING FORM (EXCEPT A DIRECT DEPOSIT SLIP) FOR EACH FINANCIAL INSTITUTION HERE.				