

SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A.

**DIRECT DEPOSIT AUTHORIZATION**

Complete and return to the HR Benefits Coordinator or the Accounting Manager. New employees may give the form to the Human Resources Coordinator.

Employee Name: \_\_\_\_\_  
(Print or type)

1. Check one:      Set-up\_\_\_\_\_    Change\_\_\_\_\_      Cancel\_\_\_\_\_      **NO Change**\_\_\_\_\_.

(For set-ups and changes) I authorize Shulman, Rogers, Gandal, Pordy & Ecker, P.A. to directly deposit all or part of my pay check into the account(s) designated below. My elections will be the same for each pay period. This direct deposit authority is to remain in effect until I give the Accounting Department a revised authorization form. I understand that it may take up to four weeks for the direct deposit to become effective.

**2. New banking regulations have been enacted that affect the rules used for direct deposit of your payroll. By this form, you are instructing Shulman, Rogers, Gandal, Pordy & Ecker, P.A. to directly deposit your paycheck or any part thereof into a U.S. based financial institution. Further, by signing this form, you certify and agree that the direct deposit, or any part thereof, is not being and will not be automatically forwarded to a bank or financial institution located in another country.**

\_\_\_\_\_  
Signature of Employee

Description	Account #1	Account #2	Account #3
Amount or "Net Pay"			
Bank Name			
Bank Phone Number			
Bank Routing Number (ACH)**			
Bank Account Number**			
Account Type (Checking or Savings)			

\*\* If you designated a checking account, attach a voided check . If you designated a savings account, contact your financial institution for these numbers.

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

Date: \_\_\_\_\_