

Fillable Direct Deposit Authorization Form

Employee Name: _____

Plant Location: _____

HR Use Only
USE this new form as of 7/15/2019

ADP File No: _____

Check one: ☐ Salaried ☐ Hourly

Note: You are limited to THREE accounts. Please complete the form and **bring on your first day**: a voided check, photocopied check or a letter from your bank with the financial institution's routing and account number. Do NOT send a copy of your deposit slip.

<u>Check One:</u> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Discontinue	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
	Financial Institution Name: _____
	Financial Institution Routing Number: ____ _
	Account Number: _____
	Amount to Deposit: <input type="checkbox"/> All OR Deposit Amount _____

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	Financial Institution Name: _____
	Financial Institution Routing Number: ____ _
	Account Number: _____
	Amount to Deposit: <input type="checkbox"/> All OR Deposit Amount _____

☐ **Pay Card** ☐ All or Deposit Amount: _____

I hereby elect and consent to receive my wages by electronic funds transfer of wages to a pay card. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such pay card.

I hereby authorize Menasha Corporation to initiate direct deposit payroll credit entries to my account(s) listed above. I further authorize Menasha Corporation to initiate necessary payroll debit entries and adjustments for any erroneous credit entries previously initiated, and I authorize the financial institution(s) to accept the amount of such entries to my account(s).

Employee Signature: _____ Date: _____

If your form is received prior to the cut-off day, your change will be effective for the current pay period.