

Direct Deposit Authorization



Company Name: WCMS - CHF

711 Coliseum Plaza Ct
Winston-Salem, NC 27106
(336) 773-0128 phone
(336) 773-1055 fax

Customer Service Representative: Joy Barber

Company ID: B1740

Begin Deposit Change Information Cancel

I hereby authorize my employer, _____, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (herein BANK) indicated below. 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.

Employee Information

Employee Name _____ Soc Sec Nbr _____

Bank Information

Bank Name _____ ABA Routing Number _____

Account Number _____ Name On Account _____

Deposit Setup

Checking, I wish to deposit (choose one) \$ _____, _____ %

ALL Remaining

Savings, I wish to deposit (choose one) \$ _____, _____ % or All Remaining

Please include a voided check or facsimile of a check for each account the employee wishes to have their paycheck direct deposited to. Please include breakdown of the split if multiple accounts are used.

This authorization is to remain in full force and in effect until the COMPANY and BANK have received written notice from me of it's termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date _____