

**WILCREST FIELD SERVICES, INC.  
DIRECT DEPOSIT AUTHORIZATION FORM**

**NOTE\*\*\*\* FIRST CHECK MAY BE A LIVE CHECK \*\*\*\*NOTE**

EMPLOYEE NAME: \_\_\_\_\_  
(PLEASE PRINT)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK TRANSIT NUMBER: \_\_\_\_\_  
(MUST BE 9 DIGITS)

BANK ACCOUNT NUMBER: \_\_\_\_\_

CHECK ONE OF THE FOLLOWING:      CHECKING:       OR      SAVINGS:

\*\*I AUTHORIZE ADP AND THE BANK LISTED ABOVE TO DEPOSIT MY NET PAY AS INDICATED INTO MY ACCOUNT EACH PAYDATE.

\*\*IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED TO MY ACCOUNT, I AUTHORIZE ADP TO DIRECT THE BANK TO RETURN SAID FUNDS TO ADP.

\*\*I UNDERSTAND THAT MY DEPOSIT MAY NOT BE AVAILABLE IN MY ACCOUNT UNTIL MONDAY FOLLOWING PAYDATE INDICATED ON THE CHECK VOUCHER.

EMPLOYEE SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

**\*\*NOTE\*\***

PLEASE CONFIRM WITH YOUR BANK THAT IT WILL ACCEPT DIRECT DEPOSIT.  
YOUR ACCOUNT MUST BE ESTABLISHED AND ACTIVE AT YOUR BANK BEFORE YOU  
REQUEST DIRECT DEPOSIT.

PLEASE RETURN THIS FORM WITH A VOIDED CHECK FOR CHECKING OR A DEPOSIT SLIP FOR  
SAVINGS ACCOUNTS TO THE PAYROLL DEPARTMENT.

**ATTACH CHECK**