

**TEMPUS UNLIMITED, INC.**  
**EMPLOYEE DIRECT DEPOSIT APPLICATION**

Employee's Name: \_\_\_\_\_

ACCOUNT INFORMATION

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Please check box to deduct entire net pay  , or deduct \$\_\_\_\_\_ or \_\_\_\_ % , per pay period and deposit into my \*Checking Account

Checking Account Number: \_\_\_\_\_

**\*For a checking account, please attach either a voided check (Starter Checks must contain a preprinted employee name and account number), or additional preprinted employee bank account information.**

Please check box to deduct entire net pay  , or deduct \$\_\_\_\_\_ or \_\_\_\_ % , per pay period and deposit into my \*\*Savings Account

**\*\*For a savings account, please contact the bank for a document indicating the routing number and account number. Do not attach a deposit slip.**

**In order to promptly process this application without delay, please ensure this form is submitted with all the required documentation.**

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on the form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.

Employee's Signature: \_\_\_\_\_

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