



Sample Participant Sign Up Form

- o An authorization form should be completed by each participant.
- o This is a sample only. Your authorization form should be reproduced on your letterhead.
- o You must retain a copy of the signed authorization in your company's file for 2 years after the last transaction is settled.
- o You can offer as many splits to a deposit as you wish.
- o If any employee answers YES to the "required" question, these transactions fall under special rules and may not be able to be processed as direct deposit. Please call customer support at 1-800-399-5592 or 574-235-2003 to discuss specific cases. While you must ask your payees if they qualify for international transaction classification, this specific language is merely suggested. Please ensure you have discussed with your management and legal before distributing.

Direct Deposit Payroll Authorization

I hereby authorize (*insert your company name*), hereinafter called Company, to direct deposit my net pay each pay period to the financial institution(s), hereinafter called Depository, and the account number(s) designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I understand that my net pay will be deposited into the account designated as my Main Account. I may also elect to deposit a portion of my net pay into a Secondary Account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Required Question:

Will any of the direct deposits paid to you under this authorization be redirected to an account outside of the United States*? Yes No

Primary Account:

Financial Institution: _____

City: _____ State: _____

Deposit Account Number: _____ Deposit Amount: _____

Bank Transit Router Number: _____ (should be a 9 digit number)

Type of Account (circle one): Checking Savings

Secondary Account:

Financial Institution: _____

City: _____ State: _____

Deposit Account Number: _____ Deposit Amount: _____

Bank Transit Router Number: _____ (should be a 9 digit number)

Type of Account (circle one): Checking Savings

Employee Name: _____ **Date:** _____

Signature: _____

*(This further defined is the territorial jurisdiction of the United States which includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries)