

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

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**