



DIRECT DEPOSIT AUTHORIZATION

*******ALL FIELDS MUST BE COMPLETED FOR DIRECT DEPOSIT TO TAKE EFFECT*******

Name of Jobsite Employer: _____

First Name: _____ Last Name: _____ Middle initial: _____

Social Security #: _____ Date of Birth: _____ Phone: _____

Address: _____ Apt/unit #: _____ City: _____

STATE: _____ Zip: _____ Email: _____

I hereby authorize Intercoastal Payroll Solutions to deposit amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution/bank indicated on this form. In the event that Intercoastal Payroll Solutions deposits funds erroneously into my account, I authorize Intercoastal Payroll Solutions 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 Intercoastal Payroll Solutions has received written notice from me of its termination in such time and in such manner as to afford Intercoastal Payroll Solutions reasonable Opportunity to act on it.

Signature: _____ Date: _____

ACCOUNT INFORMATION

(Please use an additional form in order to distribute your check to more accounts)

1. Bank Name / City / State: _____ Checking Savings Other

**Routing Transit #: _____ Account #: _____ Deposit- \$_____.____ or _____% or Entire Amount

2. Bank Name / City / State: _____ Checking Savings Other

**Routing Transit #: _____ Account #: _____ Deposit- \$_____.____ or _____% or Entire Amount

****IF YOU ARE USING A GLOBAL CASH CARD, THE ROUTING TRANSIT # IS 073972181**

PLEASE ATTACH A VOIDED CHECK IF AVAILABLE

(Direct Deposit Requests will become effective two weeks after receipt of this authorization.)

*******Attach Voided Check Here*******