

# **New Concept Employee Direct Deposit Authorization Agreement** **For Checking and Savings**

**\*\*\* Please return this information along with a voided check (not a deposit slip) in order to have your paychecks directly deposited into your checking or savings account. You must call your bank to verify your direct deposit routing and account numbers. \*\*\* If you wish to make direct deposits to a debit card, please contact our office for the appropriate Authorization Agreement.**

**Once we receive your application and voided check it may take up to 2 to 3 weeks before direct deposit is in effect and in the meantime you will receive your paycheck via mail or you can pick it up in the office. The deposit is not guaranteed until 48 hours from the check date. Please keep in mind that if we do not receive your signed timecard by 12:00 p.m. on Mondays, your direct deposit cannot be processed until the following Monday. We look forward to working with you.**

**New Concept Employee Direct Deposit Authorization Agreement**  
**For Checking and Savings Only**

I hereby authorize my employer, New Concept, to deposit any amount owed me by initiation credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize bank to accept and credit any credit entries indicated by New Concept to my account. In event that New Concept deposits funds erroneously into my account, I authorize New Concept to debit my account for the amount not to exceed the original amount of the erroneous credit.

**Employee Information**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_ Start Deposit                      \_\_\_\_\_ Change Information                      \_\_\_\_\_ Cancel

Please indicate which account you would like your deposit to go into. It is your responsibility to verify with your banking institution that information you give below is correct.

**Checking (Attach a voided check, not a deposit slip)**

I wish to deposit (**fill in one**)                       \$ \_\_\_\_\_ .00                       \_\_\_\_\_ %Net                      \_\_\_\_\_ Entire Net Pay

**Savings (Please give bank routing number and your savings account number)**

\_\_\_\_\_  
**Bank Routing Number**

\_\_\_\_\_  
**Savings Account Number**

I wish to deposit (**fill in one**)                       \$ \_\_\_\_\_ .00                       \_\_\_\_\_ %Net                      \_\_\_\_\_ Entire Net Pay

This authorization is to remain in full force and effect until New Concept and BANK have received written notice from me of its termination in such time and in such manner as to afford New Concept and BANK a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_