

## DIRECT DEPOSIT AUTHORIZATION FORM

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

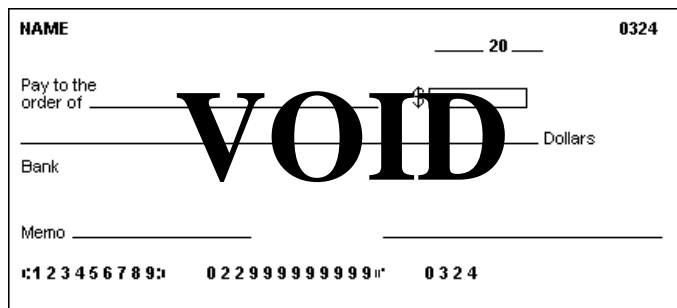
I authorize my employer, POOL MANAGMENT COMPANY and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bank Name	Acct. Type	Routing/Account Numbers
	Ckg <input type="checkbox"/>	Rtg _____
	Sav <input type="checkbox"/>	Acct _____

**Please make sure your bank account info is clearly legible and accurate to avoid late payments.**

**We recommend to attach a voided check, for the bank account to which funds will be deposited, so the routing and account number can be verified. (Not mandatory)**



**Above example for Routing Number is 123456789,  
 Above example for Account Number is 022999999999.**

**Notice:** Government regulations have changed regarding the use of direct deposit. As a result, the employer cannot offer direct deposit of funds to either:

- a foreign bank, or
- a U.S. financial institution where the entire amount will be forwarded to a bank account in another country.

Employees or contractors associated with such foreign organizations will not be eligible for direct deposit.