

SAVER GROUP, INC.
Direct Deposit Authorization Form

Name - Last, First & Middle Name	Employee Payroll Number
Social Security Number	Phone Number
Department & Shift	Title

Financial Institution Information

Name of the financial institution _____

Type of account

Savings Account Number _____

Checking Account Number _____

Transaction Information

_____ **Authorization**—I hereby authorize my employer to direct deposit in the bank account(s) listed above. I have attached a voided check or deposit slip for each account specified below. This authorization will remain in full force until the company has received written notification from me of its termination.

_____ **Cancellation**—I hereby cancel the authorization for direct deposit of my salary.

_____ **Change**—I hereby request a change of the authorization for the deposit of my salary by electronic transfer.

_____ Change in account—New account No _____

_____ Change in financial institution

 Name of the bank _____

 Account No. _____

Employee Signature

Date