



PAYROLL- Direct Deposit Slip

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

Employee Name (Please print or type): _____
 Begin Deposit Change Information Cancel

Bank Name: _____ **City:** _____ **State:** _____

- Checking (Attach A VOIDED CHECK)
- Savings (Attach A DEPOSIT SLIP)

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

Employee Signature: _____ **Date:** _____

Please Note: Your Direct Deposit can not be processed without a voided.

For checking accounts: Place Voided Check HERE

For Savings account: Place Deposit Slip HERE

DO NOT attach a deposit slip for a checking account
The routing numbers are not always the same