Finance Department
475 Valley Road
Wayne, NJ 07470
973-694-1800

Direct Deposit of Paycheck Authorization

File No.	Employee Name	Social Security No.
		XXX-XX-

I authorize the company each pay day to deposit my entire paycheck directly to the bank account named below. This authority will remain in force until I have given the company written notification that I have terminated it or until the company has notified me that it has terminated this deposit service. I understand I must give the company enough advance notice to give it reasonable time to act on my instructions.

Please deposit my ENTIRE PAY into:

Checking Account _____
(Bank Name)

TRANSIT ROUTING NO./ABA

_____
(Account No.)

(Money Market Accounts are always considered checking accounts.)

EMPLOYEE SIGNATURE	DATE:

Attach VOID check here: