

# UPDATE, INC.

## DIRECT DEPOSIT AUTHORIZATION FORM

**INSTRUCTIONS:** Please complete the form as described below, and then forward it to your branch office or the payroll department. You can also contact your local branch office for assistance in completing this form. This form allows the employee to authorize Update, Inc. to deposit your net earnings each payday into your own checking/savings account. The regular pay date is the date used in crediting your checking/savings account. A record of deposit (voucher advice), in place of your check, is delivered to you indicating your net pay.

<b>EMPLOYEE INFORMATION</b>			
Name:		Branch Location (Update, Inc.)	
Phone:		Last four digits of Social Security #:	XXX-XX-

### NEW / ADDITIONAL, ACCOUNTS, CHANGES AND / OR CANCELLATIONS

Check only one option:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Full Bank Name:		Bank Address:	
Bank Account Number:		Bank Routing #:	
Amount \$\$:		Percentage %:	

### NEW / ADDITIONAL, ACCOUNTS, CHANGES AND / OR CANCELLATIONS

Check only one option:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Full Bank Name:		Bank Address:	
Bank Account Number:		Bank Routing #:	
Amount \$\$:		Percentage %:	

### IMPORTANT INFORMATION

- ✚ The designated account must be in your name
- ✚ Please attach a voided check to this form. Deposit slips are not accepted
- ✚ **CHANGES TO AMOUNT OR PERCENTAGE AMOUNT:** Employees may add, change or cancel the money or Percentage amount deposited to an account by completing a new Direct Deposit Form
- ✚ **CANCELLATIONS:** The agreement presented by this authorization will remain in effect until canceled by the employee, the financial institutions, or Update, Inc.
- ✚ If your financial institution closes your account, please notify the payroll office immediately. Remember once wage payment is sent to your designated financial institution, you will need to wait at least 48.00 hours before you can receive a replacement wage payment in a form of check
- ✚ **AUTHORIZATION:** I certify that I read and understand the instructions in this form, including the authorization for recovery. In signing this form, I hereby authorize Update, Inc. to deposit my wage payment to my designated financial institution to be deposited into the specific account (s)
- ✚ **RECOVERIES:** In the event that Update deposits funds erroneously into my account, I authorize Update, Inc. to make corrections for any entries made to my account in error

Please print your name:
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Signature:	Date:
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PLEASE RETURN TO YOUR BRANCH OFFICE OR MAIL IT TO THE PAYROLL DEPARTMENT AT:  
 UPDATE, INC. 1040 Avenue of the Americas, 3<sup>rd</sup> Floor, New York NY 10018.  
 If you have any questions in reference to this form, please call the Payroll Department at 212.921.2200.  
 Thank you.