

SVS Group, Inc. Application for Employment



Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account-**not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account.** It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

IMPORTANT – WE MUST HAVE EITHER A VOIDED CHECK OR A STATEMENT ON BANK LETTERHEAD THAT HAS YOUR NAME, ROUTING NUMBER AND ACCOUNT NUMBER. WE CANNOT AND WILL NOT PROCESS YOUR DIRECT DEPOSIT WITH OUT IT.

Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

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

Employee Name: _____ Social Security #: _____/_____/_____

Employee Signature: _____ Date of Birth: ____/____/____

Account Information

Make sure to indicate what kind of account, along with amount to be deposited if less than your total net paycheck. The last item must be for the remaining amount owed to you. **If depositing into more than one account, both accounts must be from the same bank.**

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$_____. ____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$_____. ____ or Entire Net Amount

*Direct deposit advice will be **e-mailed** to you every Thursday. Please indicate which e-mail address you would like this sent to: _____ Please note, if an **e-mail is not** listed, then you can request your check history report through your SVS office at anytime.

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

SVS Group Inc.

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