

# Payroll Payment Request

Please complete this form to notify AEG how to process your wages. Form must be submitted at least one (1) day prior to processing day.

Employee Name \_\_\_\_\_ Employee SSN \_\_\_\_\_

## Employee Authorization and Acknowledgment of All Terms

### Direct Deposit

- A voided check is required for all checking account deposit- NO EXCEPTIONS. Deposit slips do not contain the required information and cannot be submitted in lieu of a voided check.
- For savings accounts, please provide documentation from your bank account ABA/Routing number and Account Number.
- It takes at least one pay cycle for new direct deposits or changes to take effect.
- Should you change your banking branch, institution or account numbers, please notify your payroll department at least ten (10) days in advance so there is adequate time for change to take place.
- Errors on submissions on this form or any failure to notify AEG of changes in a timely manner may result in delay of your payroll funds being deposited. AEG will not reissue any unsuccessful direct deposit until the original transaction is returned to AEG by the originating bank. This process may take up to 5 days. AEG is not responsible for the delay and will not reimburse any fees the employee may incur as a result of outdated or inaccurate information provided by the employee.

*I agree to these terms and authorize AEG to direct deposit my payroll check into the checking and/or savings account(s) listed below. In the event that funds are deposited into my account(s) in error, I authorize AEG to debit my account to correct the error.*

Account Type	ABA Routing Number	Account Number	Bank Name	For multiple accounts, specify the percentage or dollar amount to be desptided in each.
(Checking) (Savings)	(9 Digit Number)			
or				
or				
or				

### Paycard

Deposit Amount: \_\_\_\_\_ or All

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer or wages to a payment. In addition, the extent permitted by applicable law, I hereby authorize American Employer Group to make all deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge to my paycard, and I authorize the bank where such funds are desptided to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, condition, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after American Employer Group receives written notice from me terminating my authorization.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_