**Direct Deposit Authorization**

Dear Employee:

GSH is pleased to offer the benefit of **DIRECT DEPOSIT** at no cost to you. Due to the nature of the ACH (Automated Clearing House) system, GSH must waive all responsibility of the timeliness of deposits to your financial institution.

**I authorize GSH to submit to the ACH system the following information and to initiate a Direct Deposit request of my payroll, and if necessary, debit (in case of error) the same account. I also authorize the financial institution indicated below to credit or debit the same to such account.**

**GSH will only allow one Bank Account with 100% of Net Check being deposited into either Checking or Savings Account.**

* Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bank City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Account Type

*Circle One:* Savings Checking N/A

* Attach a Voided Check for Checking Account
* Attach a Deposit Slip for Saving Account
* For Cancellations, please notify HR immediately

I am aware that the setup period may take up to two payroll cycles to complete and that I receive a paycheck during this period. This Authorization Agreement remains in full effect until I notify my employer in writing of its termination or upon termination of my employment with GSH. Funds are provided to the ACH system on or before your pay date; after that, GSH has not control over the ACH process, which could delay your funds for two days or longer after pay day.

I have reviewed this form and agree to all conditions stated above.

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 Employee Signature Please Print Name Date