

***DIRECT DEPOSIT AUTHORIZATION***

*ACI Support Specialists, Inc.*

This form is due 10 days prior to a pay date and once entered will be effective the **FOLLOWING** pay period after being processed. Your Direct Deposit Advice detailing your earnings, deductions and your net deposit will be mailed to you each payday. All areas of this form must be completed and a voided check/savings deposit slip attached or it will be returned for completion.

(PLEASE TYPE OR PRINT)

<b>NEW</b> <input type="checkbox"/>	<b>CHANGE</b> <input type="checkbox"/>	<b>CANCELLATION</b> <input type="checkbox"/>
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Pay Type (check one box)		<b>HOURLY</b> <input type="checkbox"/>	<b>SALARY</b> <input type="checkbox"/>
Social Security Number	Name (Last)	(First)	(M.I.)
Region		Phone Number	
Name of Financial Institution (Bank)		Bank Account Number	

Type of Account	
<b>CHECKING</b> <input type="checkbox"/> <i>ATTACH VOIDED CHECK</i>	<b>SAVINGS</b> <input type="checkbox"/> <i>ATTACH VOIDED SAVINGS DEPOSIT SLIP</i>

**AUTHORIZATION**

I authorize my employer, ACI Support Specialists, Inc., and the Financial Institution named above to deposit my net pay by electronic transfer to my account each payday. If amounts to which I am not entitled are deposited into my account, I authorize my employer to direct my Financial Institution to return them. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that my employer may withhold any amounts owing to me until such amount is repaid.

**CANCELLATION**

I hereby cancel the authorization for deposit of my Pay by electronic transfer.

Signature	Date
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*Attach voided check or savings deposit slip here.  
We cannot process your request without a voided check or savings deposit slip.*

Return completed form to:  
ACI Support Specialists, Inc., 1027 US Hwy 70 West, Suite 109, Garner, NC 27529

**Payroll Use:**

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_