



118 Kitty Hawk Dr. Morrisville, NC 27560
Phone: 919-319-0446 Fax: 919-319-0447
Toll Free: 866-603-1352

Employee Direct Deposit Authorization

Instructions

Please fill out the enrollment form if you plan on using BPD's Direct Deposit feature and return it to your payroll administrator. Attach a void check (not a deposit slip) from each checking account you plan on utilizing. If you are depositing into a savings account, please provide a void deposit slip for that account.

Authorization

I hereby authorize BPD to deposit, as instructed by my employer any amounts owed me, by initiating credit entries into my account at the financial institution ("the Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by BPD to my account. In the event that BPD deposits funds erroneously into my account, I authorize BPD 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 BPD and the Bank have received written notice from me of its termination in such time and in such manner as to afford BPD and the Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

(If listing more than three banks, please use the back of this form)

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking: _____ Saving: _____ Other: _____

Deposit: \$ _____ . _____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking: _____ Saving: _____ Other: _____

Deposit: \$ _____ . _____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking: _____ Saving: _____ Other: _____

Deposit: \$ _____ . _____ or Entire Net Amount