



DIRECT DEPOSIT - Authorization Agreement

PLEASE PRINT LEGIBLY

(First Name) (M.I.) (Last Name) (Employee Number)

Daytime Phone Contact Number: (_____) _____ -- _____

Please Read and Initial Your Understanding

- GHS Policy S-103-7: Employees are required to **enroll in the direct deposit program at the time of employment and maintain at all times at least one valid bank account for the direct deposit of their net pay** each bi-weekly pay period. Employees are also responsible for maintaining a current mailing address on eNet.
- It is the employee's responsibility to **provide all required documentation** (see below) for efficient and accurate processing of your direct deposit request. If the required documentation is not provided, the Human Resources Department will make a reasonable effort to process the direct deposit request based on the information which is provided. If there is a concern for the accuracy and/or validity of the documentation provided, Human Resources may NOT be able to process your request. **Employee must complete his/her form.**
- It is the employee's responsibility to **verify that direct deposits have been made to an account** before attempting to withdraw funds, write checks or use a debit card. GHS is not responsible for any fees incurred due to: 1) Failure of the employee to provide required documentation; 2) Failure of the employee to verify deposit(s) have been made; or, 3) Banking or processing errors made by a third party, e.g. employee's banking institution, Federal Reserve, etc. **A manual check will be issued no sooner than five (5) days after the pay date.**
- It is the employee's responsibility to **keep current and valid account information on file**. If an account becomes invalid, as evidenced by 2 or more ACH returns from the bank, GHS will inactivate the invalid account and deposit all money into an existing active account already on file. If there is not an active account on file, the employee will be notified and will be required to present a valid account for direct deposit.

| A C C T | <u>Bank Information</u> | <u>Account Number</u> | <u>Select Account Type</u> | |
|------------------|-------------------------|---|----------------------------|--|
| | 1 | _____ (Routing No. – 9 digits) _____ (Bank Name) | _____ | <input type="checkbox"/> Checking 100% of Net Pay (Default Account) <u>Select Only One</u> <input type="checkbox"/> Voided Check <input type="checkbox"/> Letter from Bank <input type="checkbox"/> Other |

*** **OPTIONAL 2nd Account** ***

| A C C T | <u>Bank Information</u> | <u>Account Number</u> | <u>Select Account Type</u> (\$5.00 Minimum; Percentage is Not Accepted) | |
|------------------|-------------------------|---|--|--|
| | 2 | _____ (Routing No. – 9 digits) _____ (Bank Name) | _____ | <input type="checkbox"/> Checking \$ _____ <u>Select Only One</u> <input type="checkbox"/> Voided Check <input type="checkbox"/> Letter from Bank <input type="checkbox"/> Other |

I hereby authorize Greenville Hospital System to initiate credit entries to account(s) indicated above and the Depository named above to credit the same to such account. This authority is to remain in full force and effect until Greenville Hospital System has received written notification from me of its termination.

(Employee Signature) (Date)