

Warren Equities, Inc.

DIRECT DEPOSIT REQUEST FORM

Print Name _____

- I wish to: Set up direct deposit with a new bank / financial institution
 Add another deposit to an existing bank / financial institution
 Change an existing direct deposit amount Cancel Direct Deposit

AUTHORIZATION AGREEMENT for DIRECT DEPOSIT CREDITS and DEBITS

- 1) I authorize Warren Equities to deposit (credit) my net pay into the account indicated below.
- 2) I authorize Warren Equities to debit my account indicated below for any over payments or erroneous deposits.
- 3) I understand that at least 2 pay cycles will be required before my direct deposit will be credited to my account.
- 4) I understand that I will be paid on an actual paycheck until and prior to my direct deposit begins at my bank.
- 5) I understand and agree that it is my responsibility to verify my deposits at my bank or financial institution before issuing any transactions from the account indicate below.
- 6) I understand and agree that Warren Equities, Inc. shall not be labile for any fees or service charges imposed upon my account by my bank or financial institution.
- 7) This agreement will remain in effect until revoked by me, in writing, or upon termination of my employment.

For Deposit To:

Bank Name _____

Bank Address – City – State _____

Bank Transit Routing

(This number must be 9 characters)

Bank Account Number to be Credited

Please attach a blank check with the word "VOID" written across the face of the check.

Select one of the follow to indicate Account type and Amount of Deposit (if "partial")

Checking – FULL NET DEPOSIT Savings – FULL NET DEPOSIT

Checking – PARTIAL DEPOSIT Savings – PARTIAL DEPOSIT

PARTIAL AMOUNT \$ _____

PARTIAL AMOUNT \$ _____

USE ONE FORM PER ACCOUNT / AMOUNT. USE ADDITIONAL FORMS FOR MULTIPLE DEPOSITS.

SIGNATURE _____ **DATE** _____