

IF YOU WOULD LIKE TO ENROLL IN DIRECT DEPOSIT AND AVOID WAITING FOR YOUR PAYCHECK TO ARRIVE IN THE MAIL, FAX THIS FORM ALONG WITH A VOIDED CHECK TO THE PAYROLL DEPARTMENT AT 781-237-5590.

THE WILMARK GROUP, INC.
Authorization for Electronic Direct Deposit of Payroll

Important! Please read and sign before completing and submitting.

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

Employee Information:

Name: Last First MI

Social Security Number

Street Address

City, State, Zip Code

Bank Information:

Bank (or Credit Union) Name

Routing Number

Street Address

Account Number

City, State, Zip Code

Checking or Savings

I hereby acknowledge that I will verify with my Bank that all funds have been deposited to my account before writing checks against these funds. I therefore indemnify and hold the Wilmark Group, Inc. harmless for any charges against my account for overdraft and/or insufficient funds. I also understand that direct deposit funds are normally available on Friday.

IMPORTANT: ATTACH VOIDED CHECK

Employee Signature

Date

Manager Signature (Wilmark Group, Inc.)

Date