



# Direct Deposit

### Employee Instruction:

1. Complete the Employee Required Information section.
2. Complete the Direct Deposit Request to specify your desired request.
3. Read the bottom section of this form thoroughly and completely.
4. Sign and Date the bottom of this form.
5. Retain a copy of this form for your personal records.
6. Attach a copy of a voided check, and give the completed form to your McGrath Systems Rep.

### **Employee Required Information:** (Please Print)

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Direct Deposit Request:** (Please Print)

- Enrollment:** I would like my wages/salary deposited to the account named below.
- Change:** I would like to change my direct deposit to the account named below.
- Cancellation:** I would like to cancel my direct deposit.
- Checking                       Savings

**Bank Name:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

*Please note – you will receive your first paycheck via US mail or hand-delivered. You will receive your second paycheck, and all those thereafter via direct deposit.*

I hereby authorize my employer, **McGrath Systems**, to deposit any amounts owed to me by initiating credit entries to my account at the financial institute (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by McGrath Systems to my account. In the event that McGrath Systems deposits funds erroneously into my account, I authorize McGrath Systems to debit my account for an amount not to exceed the original amount of the erroneous credit.

I understand that this authorization, as well as subsequent change authorization(s), will take effect no less than one week after being received by McGrath Systems payroll department, and will remain in full force and effect until McGrath Systems has received a signed Cancellation Request from me in such time and in such manner as to afford McGrath Systems a reasonable opportunity to act on it.

I further understand that I am responsible for providing accurate and timely information to McGrath Systems regarding my account information as well as changes to be made to that information.

Moreover, I understand that funds will be deposited into my account only under the condition that I submit my timesheet(s) to McGrath Systems no later than 12 noon on Monday. Wages for timesheets submitted after the Monday 12 noon deadline will not be credited to my account until the following week.

Finally, I understand that McGrath Systems is not responsible for any delays resulting from technological malfunction outside its control. Nor is McGrath Systems responsible for any delays that result from actions of the employer's bank.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TIMESHEETS SHOULD BE FAXED TO MCGRATH SYSTEMS AT 610.238.5308 BY NO LATER THAN 12 PM MONDAY.**



## McGrath Systems

Where People & Performance Meet

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