

Jewish Community Center of Greater Columbus
DIRECT DEPOSIT AUTHORIZATION

Routing Number & Accounting Number Documentation Must Be Attached to This Authorization.

Effective October 1, 2010, all JCC employees are required to enroll in direct deposit for payroll.

For security and administrative reasons, the JCC will no longer issue "live" pay checks.

Due to Direct Deposit Pre-Note Testing Procedures between ADP and financial institutions, first pay checks are often live checks. If a live check is cashed prior the date on the check, ADP charges the JCC a \$50.00 penalty. **If you cash a live check before the date printed on the check and if ADP charges the JCC a \$50.00 penalty, \$50.00 will be deducted from your next pay.** Your signature below verifies that you have been informed about and understand that there is a \$50.00 penalty for cashing a live pay check prior to the date printed on the check.



Dept #: _____ Employee Name: _____

Date: _____ Social Security #: _____

I hereby authorize ADP to initiate electronic credit entries for payroll and if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA).

- **For Full Net Deposit, Indicate 100% in the Amount \$ Field**

Checking Account or Pre-Paid Debit Card # 1

Account Routing #: _____ Account #: _____

Bank Name: _____ Amount \$: _____

*** Attach a voided check or bank generated letter / downloaded form for each listed account verifying correct routing and account numbers to the bottom of this form. Without the attachment HR cannot process your direct deposit.

Checking Account or Pre-Paid Debit Card # 2

Account Routing #: _____ Account #: _____

Bank Name: _____ Amount \$: _____

Savings Account

Account Routing #: _____ Account #: _____

Bank Name: _____ Amount \$: _____

*** **Caution:** Savings accounts deposit slips may have invalid routing numbers; attach a bank generated letter / downloaded form verifying correct routing numbers and account numbers for each listed savings account to the bottom to this form. Without the attachment HR cannot process your direct deposit.

This authority is to remain in full force and effect until ADP has received written notification from me of its termination in such time and in such manner as to afford ADP and the bank a reasonable opportunity to act upon it or by termination of my employment with the Jewish Community Center of Greater Columbus.

Employee Signature: _____ Date: _____