

Automated Pay Authorization

Please check one of the following to indicate:

New Enrollment

Account Change

Cancellation

Please Note: When you first enroll in automated pay, or change account information, the first check after you submit your information will be a live check. It will take one full pay period once payroll has received and processed this form before your deposit will actually begin. This allows for validation of your routing and bank account numbers to occur. Please print clearly or your request may not be processed.

Section I: Associate Information

Company/Location Name: ABC SUPPLY CO/BRADCO SUPPLY Location Number: _____
Name: _____ Social Security Number: _____
Address: _____ Birth Date: _____ Phone Type: _____
City: _____ State: _____ Zip: _____ Phone: _____
Personal E-mail Address: _____

Section II: Automated Pay Options (Choose One)

Direct Deposit

A safe, confidential and easy way to have your wages deposited directly into your checking or savings account.

Checking Account

(Attach a voided check)

Savings Account

(Attach deposit slip with pre-printed routing & account numbers; or have your financial institution complete this section)

Name of Financial Institution:

GAF LINDEN EMPLOYEES FEDERAL CREDIT UNION

973-628-3852

Address & Phone Number of Financial Institution:

1361 ALPS RD., WAYNE, NJ 07470

Transit Routing #:

2	2	1	2	7	6	5	0	3
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 (9 digits)

Account #

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Total Pay Card

- * Reloadable VISA debit card in which your earnings are automatically loaded onto a debit card
- * No bank account or credit approval required
- * Use it anywhere VISA debit cards are accepted, and get cash at participating ATM's worldwide
- * Card will be mailed to your home address in 7-10 business days after enrollment form is processed

Section III: Associate Authorization

I authorize the Company to deposit my net pay via direct deposit or VISA Total Pay Card to my account as indicated above. If funds to which I am not entitled are deposited to my account, I authorize the Company to direct the financial institution to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account and that the Company assumes no liability for overdrafts for any reason. I understand that in the event that my financial institution is not able to deposit any electronic transfer into my account due to any action I take, the Company cannot issue the funds to me until the funds are returned to the Company by the financial institution.

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify Payroll Services **before** I close or change the account listed above while this authorization is in effect.

Associate Signature _____ Date _____

Internal Use Only:

File #: _____
DD: _____
TPC: _____
TPC Date: _____

Submit To Payroll Services (NSC) Immediately. (Fax: 608-362-0577)

