



Authorization for Electronic Direct Deposit of Payroll

I hereby authorize Sullivan and Cogliano to initiate deposits and/or corrections to the previous credits to the financial institution indicated below. The financial institution is authorized to credit and/or correct the amounts to my account. This authorization remains in full effect until I revoke it by giving written notice 10 days in advance.

EMPLOYEE INFORMATION

Employee Full Name

Street Address

City

State

Zip Code

Telephone Number

The Direct Deposit Form will be processed when we receive a COMPLETED I-9 (Section 2 must be signed) and a copy of the Identification shown.

John Doe
Mary Doe
123 Pear Lane
Anyplace, WI 20000

PAY TO THE ORDER OF _____ \$ _____

ANYPLACE BANK
Anyplace, WI 20000

For _____

Routing Number: 250250025
Account Number: 202020086

1234
15-000000000
DOLLARS

Do not include the check number.

Note: The routing and account numbers may be in different places on your check.

BANK INFORMATION

Bank or Credit Union Name

Street Address

City

State

Zip Code

Telephone Number

Account Type (select one):

Account Number (see sample above) *

Routing # (ABA #) (see sample above) *

** the Account and Routing numbers MUST be 100% accurate – please double check*

I hereby acknowledge that I will verify with my bank that the funds have been deposited to my account before writing checks against these funds. I, therefore, indemnify and hold Sullivan and Cogliano harmless for any charges against my account for overdraft and/or insufficient funds. I understand that funds are available on Thursdays and deposit funds could be delayed in holiday weeks.

Employee's Signature

Date

If any questions with this form, please call or email:

Payroll

Phone: (781) 672-8110

Email: payroll@sullivancogliano.com

WE WILL PROCESS THE DIRECT DEPOSIT FORM ONCE WE RECEIVE ALL REQUIRED PAPERWORK.
Your payroll will be sent to you via mail in the meantime.