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

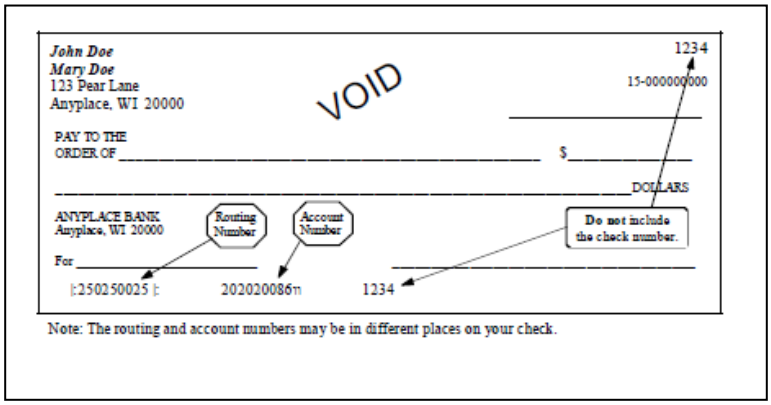
The Direct Deposit Form will be processed when we receive a COMPLETED I-9 (Section 2 must be signed) and a copy of the Identification shown.

_____
Employee Full Name

_____
Street Address

_____
City State Zip Code

_____
Telephone 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) 493-3215
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.