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

_____
First Name Last Name

_____
Street Address

_____
City Province Postal Code

_____
Telephone Number

BANK INFORMATION

Transit (5 digits): _____

_____
Bank or Credit Union Name

Bank (3 digits): _____

_____
Street Address

Account #: _____

_____
City Province Postal Code

_____
Telephone Number

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