



EMPLOYEE PAYROLL DIRECT DEPOSIT FORM

FULLY COMPLETE THIS FORM TO ENROLL IN PAYROLL DIRECT DEPOSIT OR TO MAKE CHANGES AND/OR CANCELLATIONS.

ATTACH A VOIDED CHECK FOR EACH CHECKING ACCOUNT (NOT A DEPOSIT SLIP) INDICATED.
TO ENROLL IN PAYROLL DIRECT DEPOSIT TO A SAVINGS ACCOUNT,
WRITTEN VERIFICATION OF ACCOUNT NUMBER AND ROUTING/TRANSIT NUMBER IS REQUIRED FROM THE FINANCIAL INSTITUTION.
THE LPVEC ALLOWS ENROLLMENT UP TO THREE CHECKING AND/OR THREE SAVINGS ACCOUNTS.

SHOULD AN ACCOUNT BE CLOSED THAT HAD BEEN SET UP FOR DIRECT DEPOSIT, INDICATE "CANCEL" BELOW.

LAST 4 DIGITS OF SS# _____ EFFECTIVE DATE _____

LAST NAME _____ FIRST _____ M. I. _____

<p>ACCOUNT 1 <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> add new account <input type="checkbox"/> change direct deposit amount <input type="checkbox"/> cancel</p> <p>Bank Name, City, State _____</p> <p>Routing/Transit # _____ Account # _____</p> <p>I wish to deposit \$ _____ /per pay period or <input type="checkbox"/> remaining balance</p>
<p>ACCOUNT 2 <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> add new account <input type="checkbox"/> change direct deposit amount <input type="checkbox"/> cancel</p> <p>Bank Name, City, State _____</p> <p>Routing/Transit # _____ Account # _____</p> <p>I wish to deposit \$ _____ /per pay period or <input type="checkbox"/> remaining balance</p>
<p>ACCOUNT 3 <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> add new account <input type="checkbox"/> change direct deposit amount <input type="checkbox"/> cancel</p> <p>Bank Name, City, State _____</p> <p>Routing/Transit # _____ Account # _____</p> <p>I wish to deposit \$ _____ /per pay period or <input type="checkbox"/> remaining balance</p>
<p>ACCOUNT 4 <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> add new account <input type="checkbox"/> change direct deposit amount <input type="checkbox"/> cancel</p> <p>Bank Name, City, State _____</p> <p>Routing/Transit # _____ Account # _____</p> <p>I wish to deposit \$ _____ /per pay period or <input type="checkbox"/> remaining balance</p>

I hereby authorize the LPVEC, either directly or through its payroll service provider, to deposit amounts owned to me by initiating credit entries to the above account(s) as I have indicated. In the event that funds are erroneously deposited into my account(s), I authorize the LPVEC to debit my account for that same erroneous credit amount. This authorization will remain in effect until I provide my employer with written notice of any changes or cancellations.

EMPLOYEE SIGNATURE _____ DATE _____

RETURN THIS FORM, FULLY COMPLETED, TO THE LPVEC PAYROLL ACCOUNTANT AT THE ADDRESS BELOW.
FORMS THAT DO NOT INCLUDE EMPLOYEE NUMBER, SIGNATURE, OR ACCOUNT NUMBER(S)
CANNOT BE PROCESSED AND WILL BE RETURNED.

174 Brush Hill Avenue, West Springfield, MA 01089 PHONE: 413-735-2200