



NORTH AMERICAN SECURITY AND INVESTIGATIONS, INC.

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize my employer, _____, (hereinafter Company) to deposit any amounts owed me by initiating credit entries into my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit any such entries indicated by Company to my account. In the event that company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name (Please Print)		
Social Security Number		
<input type="checkbox"/> New Direct Deposit <input type="checkbox"/> Deposit Change <input type="checkbox"/> Cancel My Direct Deposit		
CHECKING DEPOSIT (Please attach a voided check)		
I wish to deposit to checking:	<input type="checkbox"/> a flat amount of \$ _____ .00 <input type="checkbox"/> _____ % of my net pay <input type="checkbox"/> My entire net pay	
SAVINGS DEPOSIT		
ABA Bank Routing #		
Bank Account #		
I wish to deposit to savings:	<input type="checkbox"/> a flat amount of \$ _____ .00 <input type="checkbox"/> _____ % of my net pay <input type="checkbox"/> My entire net pay	
OTHER ACCOUNT		
ABA Bank Routing #		
Bank Account #		
I wish to deposit to:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> a flat amount of \$ _____ .00 <input type="checkbox"/> _____ % of my net pay <input type="checkbox"/> My entire net pay

*NOTE: Savings and Credit Union accounts may use different ABA and/or Account Numbers for ACH transactions. It is each employee's responsibility to call their bank and acquire correct information for initiating direct deposits into such accounts. DEPOSIT SLIPS ARE NOT VALID.

I understand that I am responsible for confirming that my pay has been properly deposited each payroll. No transactions will be initiated against those funds until that confirmation has been made. Any Non-Sufficient Fund charges that occur because I have failed to abide by this will be my responsibility.

Employee Signature _____

Date _____