INSTRUCTIONS

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT AUTHORIZATION

Please print the information required.

ACTION CODE

Enter 'A' to ADD a new account. First time authorizations will always require an 'A' entry.

Enter 'C' to CHANGE an account. Enter only the information for the fields you are changing. Exception - to change a PRIORITY CODE, you must submit a newly completed form.

Enter 'D' to DELETE an individual account. You must enter the BANK ROUTING NUMBER and BANK ACCOUNT NUMBER to be deleted. If you wish to delete all accounts, check the cancellation box.

It is recommended that you review your last authorization if you are changing or deleting accounts. Please contact your HR office if you need a copy.

PRI CODE

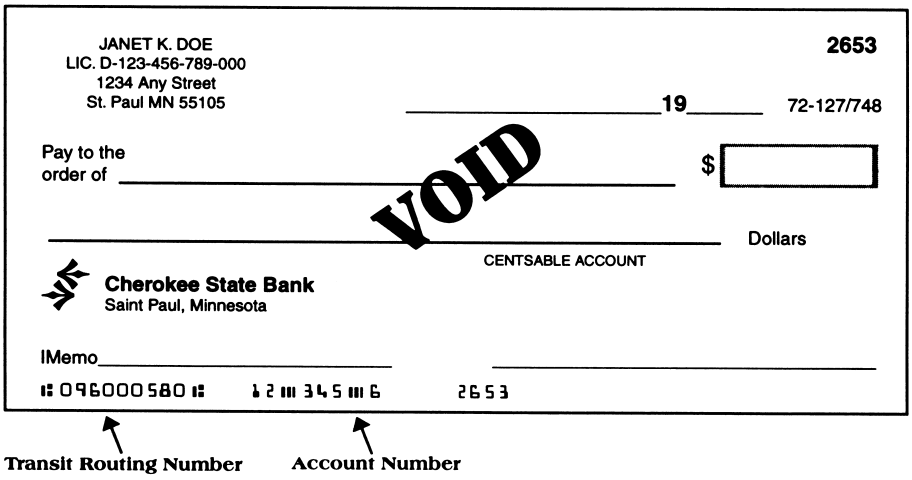
PRIORITY CODES are prenumbered (1-3). Enter your account information with one (1) being the first and three (3) being the last deposit taken. This determines the sequence in which your net pay will be distributed.

BANK RTE NO

Enter your BANK (TRANSIT) ROUTING NUMBER that you verified with your financial institution.

BANK ACCOUNT NUMBER

Enter your BANK ACCOUNT NUMBER that you verified with your financial institution.



NOTE: BANK (TRANSIT) ROUTING NUMBER appears between these symbols ⑆ ⑆ - and is followed by your BANK ACCOUNT NUMBER. Ignore any spaces in your BANK ACCOUNT NUMBER.

SAV
CHK IND

Circle 'S' for savings account.
Circle 'C' for checking or other accounts.

DISTR TYPE

Circle 'A' to deposit a set dollar amount each check.
Circle 'R' to deposit remaining net pay.
(Only one 'R' entry allowed and must be last PRIORITY CODE).

DISTR AMT

Enter dollar amount for every 'A' entry in DISTR TYPE field.
Leave blank if the DISTR TYPE field is set to 'R'

BANK NAME

Enter your bank name.

CANCELLATIONS OF EFT TRANSACTIONS

Check this box to cancel EFT transactions and sign it.

ENROLLMENT AUTHORIZATION

Complete entire section, and sign it. Failure to do so will delay your enrollment process.

Zimbrick, Inc.
of Madison

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT AUTHORIZATION

PRIVATE

SOCIAL SECURITY NUMBER	PRINT LAST NAME AND INITIALS	EMPL. NO
0 | | | | | | | | | 0		| | | |

ACTION CODE	PRI CODE	BANK RTE NO.	BANK ACCOUNT NUMBER	SAV CHK IND	DISTR TYPE	DISTR AMT	BANK NAME
☐	1			S C A R		.	
☐	2			S C A R		.	
☐	3			S C A R		.	

Contact your financial institution to verify your BANK (TRANSIT) ROUTING NUMBER AND BANK ACCOUNT NUMBER

For each line entry, attach a **VOIDED** check, deposit slip or other document showing your BANK (TRANSIT) ROUTING NUMBER and BANK ACCOUNT NUMBER

Staple voided example to original here

ENROLLMENT AUTHORIZATION

Please enroll me in the Direct Deposit Program.

I authorize the Company to make payments of my net pay by initiating credit entries or correcting entries to the bank accounts I've designated above.

I have had an opportunity to read and understand all of the information provided by the Company regarding this program.

I understand that this authorization will continue in force unless discontinued by my written request, and it is also my responsibility to maintain the designated account as open to prevent rejected or returned entries.

SIGNATURE

Telephone or Controlnet Number	Date
	| | | | | |

CANCELLATION OF EFT TRANSACTIONS

☐ CHECK THIS BOX TO CANCEL ALL EFT TRANSACTIONS

SIGNATURE DATE

THE INFORMATION COLLECTED ON THIS FORM WILL BE USED FOR THE ADMINISTRATION OF THE CORPORATIONS PAYROLL AND BENEFITS. PHOTOCOPIES FROM FURTHER DISCLOSURE WILL BE IN ACCORDANCE WITH CORPORATE POLICIES ON DATA PRIVACY.

Return original form to your HR Office.
Keep the second copy for your records.