

**COLUMBIA EDP CENTER, INC
DIRECT DEPOSIT/PAYROLL PAYCARD
AUTHORIZATION FORM**

FOR EDP USE ONLY CLIENT # _____ DEPT _____ EMP # _____ DATE ENTERED _____

EMPLOYER NAME _____

EMPLOYEE NAME _____

DIRECT DEPOSIT INFORMATION

- NEW ENROLLMENT: (Complete and sign this form. Attach a **VOIDED CHECK** for each account)
- CHANGE OF ACCOUNT(S) AND/OR FINANCIAL INSTITUTIONS
(Complete and sign this form. Attach a **VOIDED CHECK** for each new account)
- CANCEL PARTICIPATION - SIGN FORM

PRIMARY ACCOUNT CHECKING OR SAVINGS

Will be credited with the balance of net pay after deposits are made to any secondary accounts if designated.

Financial Institution _____ FRDABA No. _____
City and State _____ Account No. _____

SECONDARY ACCOUNT (Optional) CHECKING OR SAVINGS

Dollar amount to be deposited per paycheck \$ _____
Financial Institution _____ FRDABA No. _____
City and State _____ Account No. _____

PAYCARD INFORMATION

- NEW ENROLLMENT: (Complete and sign this form. Attach a **COPY OF YOUR PAYCARD ENROLLMENT FORM** for each account)
- CHANGE OF ACCOUNT(S) AND/OR FINANCIAL INSTITUTIONS
(Complete and sign this form. Attach a **COPY OF YOUR PAYCARD ENROLLMENT FORM** for each new account)
- CANCEL PARTICIPATION - SIGN FORM

PRIMARY CARD

Will be credited with the balance of net pay

Financial Institution **ELAN FINANCIAL SERVICES** FRDABA No. **091000022**
City and State _____ Account No. **5108431190** _____ (Enter last six digits of your paycard account number)

SECONDARY CARD (Optional)

Dollar amount to be deposited per paycheck \$ _____
Financial Institution **ELAN FINANCIAL SERVICES** FRDABA No. **091000022**
City and State _____ Account No. **5108431190** _____ (Enter last six digits of your paycard account number)

AUTHORIZATION STATEMENT:

I hereby authorize Columbia EDP Center, Inc. and the financial institution(s) listed above to deposit my pay electronically to my account each payday. If funds to which I am not entitled are deposited to my account I authorize Columbia EDP Center, Inc. to direct the financial institution(s) to return said funds. I understand that Columbia EDP Center, Inc. does not intend to deposit its own funds to my account but only those funds which are provided to it for my account by the employer named above; therefore, in the event my employer's payment to Columbia EDP is or becomes not timely available for any reason, then I authorize Columbia EDP to originate a direct debit entry to my account to reverse its prior credit entry which is agreed to constitute an erroneous entry under NACHA rules. This authority will remain in effect until I have signed a new authorization form.

Employees Signature **Date**

NACHA IAT Compliance Statement – Employee

NACHA Operating Rules require all payments funded internationally or sent to another country via the ACH Network to be identified as International ACH Transactions. If you receive your payroll via direct deposit at a U.S. Bank and then have the entire payroll amount forwarded to a bank in another country please advise your HR/Payroll department. There are formatting requirements for these transactions that your company needs to follow. It will not impact your payroll.

I have read and understand the above paragraph and declare that I am in compliance.

Signed _____ **Date** _____

Printed Signature _____