

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

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

EMPLOYEE NAME _____ EMPLOYER 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 _____ Routing No. _____
City and State _____ Account No. _____

SECONDARY ACCOUNT (Optional) ___ CHECKING OR ___ SAVINGS
Dollar amount to be deposited per paycheck \$ _____
Financial Institution _____ Routing 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 **The Callaway Bank** Routing No. **081501696**
City and State _____ Account No. _____

SECONDARY CARD (Optional)
Dollar amount to be deposited per paycheck \$ _____
Financial Institution **The Callaway Bank** Routing No. **081501696**
City and State _____ Account No. _____

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.

NACHA IAT Compliance Statement:

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 paragraphs and declare that I am in compliance.

**Employee Signature Date

**Printed Name