KNF&T
Staffing Resources

Direct Deposit Authorization Form

1. Fill in the requested information below.
2. Attach voided check(s) for verification of bank information.
3. Sign the form and return to KNF&T Staffing Resources Payroll Department or fax to 1-800-317-2089.
4. Direct Deposit will begin in approximately 3 weeks.

Employee Required Information:

(Please Print)

Employee Name: _____

Employee Social Security No.: _____

Employee Mailing Address: _____

Phone: _____ Email: _____

Direct Deposit Authorization/Change Request:

Please check one of the following:

- ❑ **New Authorization:** I would like my wages/salary deposited to the account(s) named below.
- ❑ **Change:** I would like to change my Bank(s) or my Deposit Amount(s).
- ❑ **Cancellation:** I would like to cancel my Direct Deposit.

Account #1 □ **Checking or** □ **Savings**
Bank Name _____
ABA/Routing Number _____
Account # _____

Account #2 □ **Checking or** □ **Savings**
Bank Name _____
ABA/Routing Number _____
Account # _____

***** Please call your Bank to verify ABA/Routing and Account Numbers *****

I hereby authorize **KNF&T, Inc.** and the banks named above to deposit my net pay directly to my account(s) each payday. I also authorize KNF&T, Inc. to make any adjustments for any overdeposit which may occur. This authority will remain in effect until KNF&T has received a signed Cancellation Request from me in such time and manner as to afford KNF&T a reasonable opportunity to act on it.

I further understand that I am responsible for providing accurate and updated information to KNF&T regarding changes to my bank account(s).

I understand that any change or addition to my routing or account number information requires my account to be prenoted, and I will receive at least one real check during this time.

Moreover, I understand that funds will be deposited into my account only under the condition that I submit my signed timesheet(s) to KNF&T no later than 12 noon on Monday. Wages for timesheets submitted after the Monday 12 noon deadline may not be credited to my account until the following week.

Finally, I understand that KNF&T is not responsible for any delays resulting from technological malfunction outside its control. Nor is KNF&T responsible for any delays that result from actions of the employee's bank.

Employee Signature: _____ **Date:** _____

▼ **ATTACH VOIDED CHECK HERE** ▼