

# DIRECT DEPOSIT AUTHORIZATION

- Initial Authorization
- Change of Financial Institution
- Terminate Authorization

## EMPLOYEE/SUB CONTRACTOR INFORMATION

Name		Social Security No
Home Address		
City	State	Zip

## BANK ACCOUNT INFORMATION

(1) Financial Institution Name		Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing No (ABA)	Account No	Deposit Instructions <input type="checkbox"/> Entire Net Check <input type="checkbox"/> Specific Amount \$
(2) Financial Institution Name		Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing No (ABA)	Account No	Deposit Instructions <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Amount \$

I authorize \_\_\_\_\_, hereafter referred to as **Employer/Vendor** and/or Kemper 1stChoice Payroll, LLC (**KPR**), to initiate credit entries and, if necessary, debit entries and adjustments to credit entries made in error or Employer/Vendor default, on my account identified as and held at the financial institution named above.

This authorization will remain in full force and effect until the Employer/Vendor has received written notice to terminate this authorization within sufficient time and manner to enable such Employer/Vendor to act upon it. Due to the time required for the Employer/Vendor and KPR to process this authorization, please allow up to two pay periods for your direct deposit to commence.

I have provided the Employer/Vendor with a **VOIDED** check (please do not sign check) which is attached solely for the purpose of verifying the above information.

Authorization Signature	Date
-------------------------	------

### ATTACH VOIDED CHECK HERE



111 S.E. Third Street - P.O. Box 52  
Evansville, IN 47701-0052  
Tel (812) 421-8000 - Fax (812) 421-2292  
[www.kemperpayroll.com](http://www.kemperpayroll.com)

COMPANY CODE
--------------