

DIRECT DEPOSIT AUTHORIZATION FORM

Date:	Name: (please print your name as it appears on your account)	Social Security Number:
I want to (check one): <ul style="list-style-type: none"><input type="radio"/> ADD—Deposit my pay to the account(s) shown*<input type="radio"/> CHANGE—Change bank account and/or account number<input type="radio"/> CANCEL—Stop my participation in the program <p>*Due to the time required for the company and bank processing, allow one to two pay periods for processing. You will receive your regular paycheck until changes can be processed **Notify Payroll immediately if you close or change bank accounts</p>		

Account Type <ul style="list-style-type: none"><input type="radio"/> Checking<input type="radio"/> Savings	Choose One <ul style="list-style-type: none"><input type="radio"/> Deposit net Pay<input type="radio"/> Deposit Fixed Amount Amount\$_____	Bank Name:
Bank Address:		Bank Phone:
Account #		Routing #

Use extra sheets for additional deposit distributions.

TAPE YOUR VOIDED CHECK BELOW

<h1>PLEASE ATTACH VOIDED CHECK HERE</h1>
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I/we hereby authorize Park Place Property Management, to initiate credit entries (and to initiate, if necessary, debit entries and adjustments for any credit entry in error) to my/our account indicated below, and authorize the financial institution named below, [BANK], to credit and/or debit the same to such account. This authority is to remain in full force and effect until Park Place Property Management, has received written notification from me (or either of us) of its termination in such time and such manner as to afford Park Place Property Management, and the BANK a reasonable opportunity to act upon it. I also agree that I will not request Park Place Property Management to initiate an ACH entry that acts on behalf of, or transmit funds to or from any blocked party subject to OFAC (office of Foreign Assets Control)—enforced sanctions.

Signature: _____