



# DIRECT DEPOSIT AUTHORIZATION FORM

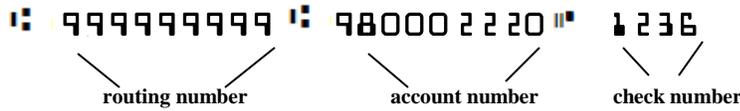
You must legibly print your information below, sign and date the form, and return it the Payroll Department. You must also attach a voided check for verification of your financial institution and other needed information. If you do not have checks, please obtain a Direct Deposit Enrollment Request form or another acceptable form from your bank indicating your name and the account number.

Both this form and your bank form can be dropped off at our office, emailed to [payroll@thealphagroup.com](mailto:payroll@thealphagroup.com), or faxed to 508-285-7116. It could take a minimum of 6 business days to process your direct deposit request. Therefore, your first check with Alpha may be a live check, which will be mailed to your home address.

Note: Instead of paystubs being mailed to you, you can access your paystubs through the Employee Portal. Contact Payroll at 508-285-8500 or [payroll@thealphagroup.com](mailto:payroll@thealphagroup.com) for more information.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Below shows you an example of a routing number and account number found at the bottom of personal checks.



I (We) hereby authorize THE ALPHA GROUP INC., to initiate credit entries and, if necessary, debit entries and adjustments for any entries made in error to my (our) Checking or Savings Account.

**Primary Account:** If you elect to deposit a predetermined amount or percentage to another account (elected below), your net pay will be deposited into this account.

Financial Institution Name \_\_\_\_\_

Bank Routing Number (ABA) \_\_\_\_\_ Account Number \_\_\_\_\_

Check One:  Checking  Savings  Cancel Primary Deposit **Amount: Net Pay**

**Signature of Employee** \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

**Secondary Account:** You must first elect a primary account. The amount for your secondary account must be a predetermined dollar amount or percentage. This amount will be deposited into your designated account below, with the net pay deposited to your Primary account.

Financial Institution Name \_\_\_\_\_

Bank Routing Number (ABA) \_\_\_\_\_ Account Number \_\_\_\_\_

Check One:  Checking  Savings  Cancel Primary Deposit **Amount: \$ \_\_\_\_\_ Percentage \_\_\_\_\_**

**Signature of Employee** \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

**Please do not write below this line (For office use only)**

AUTHORIZED SIGNATURE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_