



Payroll Payment & W2 Delivery Form

Employee Information:

Employee Name: _____ Last 4 of SSN: _____

Direct Deposit

Bank Account Information

Account Type: Checking Savings

Routing #: _____ Account #: _____

Bank Name : _____

Additional Information for Direct Deposit:

- Depending on your bank's processes, pay should be automatically deposited into your account(s) within 2 pay periods.
- It is your responsibility to notify Payroll of any changes to / closure of your bank account. Failure to notify Payroll may delay issuance of checks.

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize Fasco on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. These authorizations will remain in effect until Fasco receives written notice from me terminating my authorization.

Employee Name (Print Name): _____ Date: _____

Employee Signature: _____

*****AT THE DISCRETION OF FASCO, FINAL PAYCHECKS MAY BE ISSUED IN PAPER FORM AND WILL BE AVAILABLE FOR PICK UP BY EMPLOYEE ONLY.*****