
ECB SERVICES, INC.

ECB Services, Inc.

100 S. Pace Blvd
Pensacola, FL 32502

DIRECT DEPOSIT AUTHORIZATION

Co-Employer: _____

I, _____, authorize
(Please Print)

ECB Services, Inc. to electronically deposit to the accounts below:

Bank Name _____		
Add _____ Change _____ Delete _____		
Bank Account Number _____		
ACH Routing Number _____		
Amount or % Deposited _____ Checking _____ Savings _____		
Bank Name _____		
Add _____ Change _____ Delete _____		
Bank Account Number _____		
ACH Routing Number _____		
Amount or % Deposited _____ Checking _____ Savings _____		

Note: By signing this form I agree to all of the conditions and fees imposed by the bank for all above actions. You are allowed to make deposits into checking and savings accounts. Most credit union deductions are considered one savings account. Attach verification of the ACH bank routing number and bank account number (provided by financial institution) for all accounts(s) listed above. This Direct Deposit authorization will go into effect immediately without pre-notification. I will verify that the first deposit is made to my account within two business days after my initial payday. If this is not done, I assume all responsibilities and cost associated with the deposit(s). If I change banks or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change.

I hereby authorize and agree that in the event that ECB Services, Inc. deposits funds erroneously into my account, I authorize ECB Services, Inc. to debit my account not to exceed the original amount of the erroneous credit.

Employee Signature

Social Security Number

Employee's Name (Please Print)

Tape (Please Do Not Staple)

Attach a voided check, a copy of a check, or a copy of the Financial Institution Identification Card (For Checking and Savings Accounts).

**Note: Incomplete on unacceptable information
will delay the start of your direct deposit or savings amount(s).**

(rev 05-18-09)