



## DIRECT DEPOSIT AUTHORIZATION

### To Be Completed By Employee:

Name \_\_\_\_\_  
First MI Last

New Participant       Change Deposit Information       Revoke Authorization

**NOTE:** This form will not be processed without attachment of a voided check or your account/routing information on bank letterhead or the standard form issued by your bank.

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

Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking       Savings

**You may have more than one direct deposit; however, the total of all direct deposits must be 100%. If you have direct deposit, you cannot also receive a live check.**

It is the Employee's responsibility to verify the routing/transit number and account number. Direct deposit will be in effect within 2 weeks from receipt of completed form.

**\*\* Your paystub can be viewed and printed online at our website [www.oelspeo.com](http://www.oelspeo.com) under "Online Forms", then "Employee EZ-Web Advantage". Please call the office at 315-463-7838 if you have any questions or need help with your set-up.\*\***

I hereby authorize OELS to deposit any amounts owed to me by initiating credit entries to my account at the financial institution. This authorization will remain in effect until I provide written notice or revoke it upon my termination of employment with OELS. It is the employee's responsibility to notify OELS of any changes that occur with the associated account(s).

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### To Be Completed By Employer:

Client Name \_\_\_\_\_ \*Effective Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Effective Hire Date is contingent upon receipt and verification of completed paperwork