

**DAMIAN SERVICES CORPORATION
PAYROLL DIRECT DEPOSIT**

I, _____ (print name), hereby authorize Damian Services Corporation (hereinafter DAMIAN) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further I authorize BANK to accept and to credit entries indicated by Damian to my account

Employee Number: _____ Social Security Number: _____

Name on Account: _____

Bank Name: _____

Bank Routing/ABA Number: _____

Account Number: _____

Checking _____% Savings _____% (Savings Accounts require information directly from financial institution for direct deposit transactions)

_____ I have attached a voided check to support the above information.
(Checking Accounts only)

I understand this authorization will remain in effect until Damian Services Corporation terminates the deposit program or until I change my authorization in writing.

Signature

Date

PAYROLL VENDOR USE:

DATE PRENOTED: _____

DATE ACTIVE: _____