



Direct Deposit / Online Pay Stub Agreement Form

Authorization Agreement

I hereby authorize Palmer Group to initiate automatic deposits to my account at the financial institution named below. I also authorize Palmer Group to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Palmer Group responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Palmer Group receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Your pay check stub is accessible online only (paper pay check stubs are not mailed to you).

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature: _____ Date: _____

Printed Name: _____

Phone Number: _____ Cell : _____

Home Email Address: _____ Social Security#: _____

Please attach a voided check below and return this form to the Payroll Department at:
3737 Woodland Ave, Ste. 300, West Des Moines, IA. 50266
or by fax to (515) 224-4544
If you have any questions, please contact Payroll at (515) 225-7000.

Form for attaching a voided check stub, including fields for name, address, date, amount, pay to, and memo. The word 'Void' is written in large cursive across the center.