

# PEARSON WALL SYSTEMS, INC.

## PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH LOCATION (CITY, STATE) \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT TYPE \_\_\_\_\_

I authorize Pearson Wall Systems, Inc. to automatically deposit payroll funds into the account listed above. In addition, I authorize Pearson Wall Systems, Inc. to make corrections and/or reversals of any payroll funds that are found to be error.

I certify that the account information contained on this form is true and accurate to the best of my knowledge.

This authorization shall remain in effect until I notify the payroll department **in writing** of any changes.

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

**ATTACH VOIDED CHECK TO THIS FORM**