STONECOM

Direct Deposit Change Form

Employee Name: _____

Effective Date Of Change: _____

Authorization For Direct Deposit

I authorize Stonecom to deposit my pay automatically to the accounts indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Stonecom a reasonable opportunity to act on it.

Bank Routing Number: _____

Bank Account Number: _____

Checking _____ Savings _____

Entire Paycheck? _____ (OR) Percentage _____

Additional Account: _____

Employee Signature: _____

Date: _____