

AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Name: _____

Payroll Status: Monthly Weekly

Life #: _____

Building #: _____

I hereby authorize Brookhaven National Laboratory (BNL)/Teachers Federal Credit Union (TFCU) to make payment of my net pay by initiating credit entries or correcting entries to my account(s) indicated below and the financial institution(s) named below, to credit and/or debit the same to such account(s). This authorization will remain in effect until the Company named above receives written notification from me to terminate same. It is my understanding that credit authorizations may be revoked by the originator as described in the rules and regulations specified by NACHA (National Automated Clearing House Association).

NOTE: You may elect to have your net earnings deposited in up to three different accounts or financial institutions. If one financial institution/account is entered, your total net pay will be deposited there. If you want to split your net pay, complete the appropriate boxes below and enter the amount or percentage of net pay to be deposited to the additional financial institution/account. The balance of the net pay will be deposited to the first financial institution account. For Teachers Federal Credit Union members, please see a Customer Service Representative located in building 400.

New Participant

Change Current Distribution

Discontinue Participation

	Name of Financial Institution(s)	Routing #	Account #	Account Type
1.				<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Net Pay
2.				<input type="checkbox"/> Savings <input type="checkbox"/> Checking Amount: \$ / %
3.				<input type="checkbox"/> Savings <input type="checkbox"/> Checking Amount: \$ / %

NOTE: For a checking account, attach a voided check

This authority is to remain in full force and effect until the Payroll Department has received notification from me of its termination in such time as to afford Payroll a reasonable opportunity to act on it.

SIGNATURE _____ **DATE** _____ **PHONE EXT** _____

Please visit or call your financial institution and mention that you wish to authorize ACH Direct Deposits to your account. Request the institution's routing or transit number and provide the account number on this authorization.

EFFECTIVE DATE

ACH will be effective approximately one month from the date this form is received in Payroll. This waiting period is used by the banking systems to verify your account information with your financial institution. The only official copy of this document is on the Payroll website. Before using a printed copy, please verify that it is current by checking the document issue date.