



SOVEREIGN™

COMMERCIAL SERVICES

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

I authorize Pennsylvania Paper & Supply Co., Inc. and/or Sovereign Commercial Services, Inc. (hereafter referred to as "Company") to direct deposit of funds to my account(s) with the financial institution(s) listed below. If funds to which I am **not** entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will returned to you for distribution. **This will delay your check.**

Check one of the following: Start Stop Changing Account Adding an Account
Effective Date: As Soon As Possible Future Pay date: _____ / _____ / _____

Account # 1 – (Type of Account: please check one) Checking (voided check only, deposits slip are not accepted) Savings (deposit slip only)

Financial Institution Name: _____

City: _____ State: _____ Zip: _____ Phone: _____

ABA Bank Routing Number (must be 9 numbers)

Account Number (not to exceed 17 numbers)

!									:	.										
---	--	--	--	--	--	--	--	--	---	---	--	--	--	--	--	--	--	--	--	--

(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)
In order to sign up for Direct Deposit you must attach a copy of a personal check or deposit slip. For security reasons we recommend that the check is Voided.
- Staple the Voided check here

This authorization will be in effect until the "Company" receives a written termination notice from the employee below:

X

Employee Signature Date

Print First, Middle Initial and Last Name Home Phone Number

Email address to send paystubs to (required) Alternative Phone Number

I (the "Employee") understand that by submitting this form means my entire payroll check will be deposited into the above institution(s).
The above "Employee" is required to sign this form to active direct deposit of their paychecks.
The "Company" is to retain this document on file.

PO Box 511 ■ Scranton, PA 18501