

# EPHG Payment Deposit Authorization – SIGNUP Form

Employee Name (Please Print)

Social Security Number

Site Number

I hereby authorize Eat'n Park Hospitality Group to deposit any amounts owed into my account at the Financial Institution indicated below. Furthermore, I authorize BANK to accept and to credit any credit entries initiated by EPHG to my account. In the event that EPHG deposits funds erroneously into my account, I authorize EPHG to debit my account for an amount not to exceed the original amount of the credit. In the event I do not notify EPHG of my account changes and my direct deposit is rejected from BANK, I authorize EPHG to make future deposits via ADP/Money Network TotalPay Card.

**NOTE:** If you do not attach proper backup as noted below for direct deposit, you will be enrolled in the ADP/Money Network TotalPay Card.

**Bank Account #1 (check one):**

Checking

Bank Name: \_\_\_\_\_

Savings

Bank Name: \_\_\_\_\_

ADP/Money Network TotalPay Card

**I wish to deposit (check one):**

Remainder of Net Pay

\_\_\_\_\_ % of Net Pay

Specific Dollar Amount & \_\_\_\_\_ .00

**Please attach one of the following for Checking or Savings accounts (check one):**

Voided check

Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

**Bank Account #2 (check one):**

Checking

Bank Name: \_\_\_\_\_

Savings

Bank Name: \_\_\_\_\_

ADP/Money Network TotalPay Card

**I wish to deposit (check one):**

Remainder of Net Pay

\_\_\_\_\_ % of Net Pay

Specific Dollar Amount & \_\_\_\_\_ .00

**Please attach one of the following for Checking or Savings accounts (check one):**

Voided check

Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

This Authorization is to remain in full force and effect until COMPANY has received WRITTEN notice from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Employee Signature

Date Signed

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account

Accountholder Signature

Date Signed

(If employee doesn't have authority to authorize deposits to the accountholder's account.)

**\*ATTACH VOIDED CHECK HERE BEFORE FAXING TO PAYROLL.\***  
(for multiple accounts, send bank information or voided check on additional pages)

