



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

PLEASE TYPE OR PRINT

Employee Name: _____
(Last) (First) (MI)

Social Security # ____-____-____ Company: **CarePlus New Jersey, Inc.** Code: _____

I hereby authorize CheckPointHR to initiate credit entries to my account(s) at the Financial Institution(s) named below. I understand account processing will take 2-3 weeks. **Until my direct deposit takes effect I want my paycheck to be:**

[] Mailed to the address on record [] Placed in my mailbox at the Main Facility
Interoffice mailed to my department (*check one*) at [] Fair Lawn [] Hasbrouck Heights [] Montclair [] _____ indicate site

**A VOIDED CHECK MUST BE ATTACHED FOR CHECKING ACCOUNT OR
A DEPOSIT SLIP MUST BE ATTACHED FOR SAVINGS ACCOUNT**

☐ Change in Amount ☐ New (Replace) ☐ Delete Account
Financial Institution: _____ Branch: _____
City: _____ State: _____ Zip Code: _____
Transit/ABA No: (Routing #) _____ Checking Acct # _____
☐ Dollar Amount \$ _____
☐ Percentage Amount _____
☐ Available Balance (Available net pay)

Utilize this section to change, replace or delete an existing direct deposit request.

☐ Change in Amount ☐ New (Replaced) ☐ Delete Account
Financial Institution: _____ Branch: _____
City: _____ State: _____ Zip Code: _____
Transit/ABA No: _____ Checking Act is _____
Amount \$ _____ Net Check

In addition, to credit entries, I hereby authorize CheckPointHR to make any debit entries necessary to correct deposit errors to my account. This authority is to remain in full force and effect until CheckPointHR has received written notification from me to terminate the direct deposit and CheckPointHR and the Financial Institution have the responsible opportunity to act on the termination.

My direct deposit will continue to be sent to the selected Financial Institution by CheckPointHR until I notify CheckPointHR in writing of any changes. To effect a change, I agree to contact CheckpointHR Customer Service Department for a new "Authorization Agreement for Direct Deposit" form. If I am changing financial institutions, I understand that CheckpointHR must deactivate my old account before the new account can be activated. This will result in my receiving a paycheck during this transition. I further understand that I should maintain account at both financial institutions until the transition is complete.

Employee's Signature: _____ Date: ____/____/____ 03.13(R-CPNJ)