



PO Box 61183
 Corpus Christi
 Texas 78466

Employee Name _____ ID _____

Electronic Wage Disbursement Authorization

Complete this form to set up or change Direct Deposit, Electronic Pay Stubs

Direct Deposit: Checking or Savings Account Information

Please attach a voided check and/or a letter from your financial institution which includes the ACH routing number (**ACH routing numbers cannot start with a 5**) and your bank account number for each account to be set up. **Please allow 10 days for processing**

I authorize QP to electronically deposit to the account(s) below:

Account: _____ Checking _____ Savings _____

Bank Name _____

____ Add _____ Change _____ Delete

ACH Routing Number _____

Bank Account Number _____

Amount or Percentage of pay to be deposited to this account: \$ _____ or _____ %

- If I change banks or bank account, I am responsible for notifying the Payroll Department of the change immediately. I understand that any changes including stopping my direct deposit must be submitted by me in writing at least one week prior to my next scheduled paycheck date. **I acknowledge that changes to these accounts may require me to receive a live check for up to two pay periods.**
- I agree that in the event that QP erroneously deposits money into my account, I authorize QP to debit my account for a amount not to exceed the original amount of the erroneous deposit. Should the funds no longer be in my account and these funds were not rightfully mine, I agree to return the amount of the erroneous deposit in full upon demand.

By signing this form, I agree to all conditions and fees imposed by the bank for all actions and exceptions noted above.

Employee Signature _____ Date _____

Print Name _____ Social Security No. _____