



700 W Virginia Street, Suite 222
Milwaukee, WI 53204
Tel. 414-727-1715
Fax 414-727-1790

Authorization for Direct Deposit

I _____ am an active employee of Extension, Inc. I would like to participate in the automatic direct deposit program. I have attached a void check to identify the financial institution and account number in which I would like to have my funds deposited.

I authorize the payroll department of Extension, Inc. to deposit the net pay shown on my payroll check directly into my

- Checking
- Savings

account (please check one) at the financial institution shown on the attached void check.

I also agree to allow the payroll department of Extension, Inc. to reverse any excess deposits made in error. This may be done by making a debit directly from my account. I understand that before such debit is made, I will be notified by the payroll department.

I agree to receive my pay stub through electronic mail.

I authorize the payroll department of Extension, Inc. to send my pay stubs to the following email address: _____.

In case this mail box cannot accept messages, I authorize the payroll department of Extension, Inc. to use an alternative email address (if any): _____.

If changes occur to my bank account number, or if I change banks, as well as if I close or change my email account, I am responsible for immediately notifying Extension in writing. In most cases, filling out a new direct deposit authorization form may be required. Extension's payroll department is not responsible for any delays in deposits if this notification is not received in time for the current payroll.

Signature: _____

Print Name: _____

Date: _____