



Phone: +1-630-616-5555

Web: www.anchorexpressinc.com

ADD: 630 Supreme Dr. Bensenville, IL 60106

Authorization for Direct Deposit

I authorize ANCHOR EXPRESS, INC to deposit my pay
(Employer name)

automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford

ANCHOR EXPRESS, INC a reasonable opportunity to act
(Employer name)
on it.

Name on bank account: _____

Bank account number: _____ Checking ____ Savings ____

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

***Balance of pay to:**

_____ Manual (paper check)

_____ Account described below

***Note:** Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____ Checking ____ Savings ____

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.