



DIRECT DEPOSIT/PREPAID DEBIT CARD AUTHORIZATION

Instructions:

- Complete Employee portion of this form
- Attach a voided personal check or bank printout to verify your account number and bank routing number for direct deposit

By my signature on this form, I hereby request and authorize the direct deposit of my pay to the account and financial institution represented by the attached voided check or Prepaid Debit Card account. In the event that SEDONA and/or the financial institution deposits funds erroneously into my account, I authorize SEDONA and/or the financial institution to debit/credit my account for an amount not to exceed the original amount of the debit/credit.

I authorize SEDONA to:

- Provide a copy of this Authorization to SEDONA's ACH Processor for processing.
- Provide documentation collected by SEDONA that contains my date of birth for prepaid debit card verification required by the financial institution.
- Provide a copy of my social security card for prepaid debit card verification required by the financial institution.

I ALSO AGREE I AM RESPONSIBLE FOR VERIFYING MY DIRECT DEPOSIT PAY HAS BEEN POSTED TO MY ACCOUNT BY MY FINANCIAL INSTITUTION.

This authorization supersedes any previous authorization and shall remain in full force and effect until I notify SEDONA to terminate direct deposits and until SEDONA has a reasonable time to act on the termination.

Direct deposit or Prepaid Debit Card should begin one week after receiving your first Sedona paycheck following the completion of this form. You must notify the Sedona Payroll Department immediately if you close or change your bank account, as well as complete a Direct Deposit/Prepaid Debit Card Authorization form indicating cancellation of enrollment

To be completed by employee:

Action Type: ☐ New enrollment ☐ Change in enrollment ☐ Cancellation of enrollment

Sedona Office (City & State):

Name (as it appears on your account):

Social Security Number:

Employee Signature:

Date:

Select one of the following options below (Direct Deposit or Prepaid Debit Card) and complete required Information

Direct Deposit

☐ Checking ☐ Savings

Prepaid Debit Card

Name of Bank:

Employee Address:

Telephone number of Bank:

City, State, Zip Code

Bank Routing Number:

Home Phone Number:

Account Number:

Date of Birth: