ProLiant® Employee Direct Deposit Form

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company ID:	MI4923	**Company Name:**	Dee Mac Inc.
Employee Name:			
Employee SSN:			
Bank Name:			
Routing Number:			
Account Number:			
Account Type:			

Account Instructions: ◉ **Add** ○ **Modify** ○ **End on:**

Deposit Type: ◉ **Full Net Pay**

○ **Partial Amount:**

ATTACH A VOID CHECK TO THIS REQUEST

Your paycheck will not be direct deposited until your bank has verified your Account information. Please consult your payroll administrator to determine when the first deposit will occur.

A SEPARATE FORM MUST BE FILLED OUT FOR EACH ACCOUNT YOU ADD OR CHANGE

I hereby authorize Dee Mac Inc. (further known as "my employer") to provide any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, through direct deposit to the above designated account. If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize my employer to either:

a) Withhold a sum equal to the overpayment from future salary or wages; or

b) Recover such overpayment from the above-designated account.

If my employer is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand my employer may terminate my enrollment in the program. If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand my employer assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to my employer by the financial institution. This direct deposit authorization may be revoked at any time by requesting termination of direct deposit through the employee self service module or via written notice to your employer.

Employee Signature: **Date:**