

**EMPLOYEE DIRECT DEPOSIT FORM**

* Please complete all required information
* Must include a voided check or a bank letter
* Sign where indicated
* Retain a copy of this form for your records
* Return original to The Goodkind Group via email (payroll@thegoodkindgroup.com) or Fax: 212.378.0780

**\*\*Please note that your first check will be live until direct deposit kicks in.\*\***

Employee Name:

Social Security #:

I would like my wages deposited to the following bank account(s):

◻ Checking ◻ Savings

Bank Name:

Routing Number (the 9-digit number on bottom of your check):

Account #:

**YOU MUST ATTACH A VOIDED CHECK (ORIGINAL OR COPY)**

**PLACE CHECK HERE**

I hereby authorize The Goodkind Group to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, for deposits funded erroneously into my account, I authorize The Goodkind Group to debit my account for an amount NOT to exceed the original amount of the erroneous credit, which the Goodkind Group shall only undertake in compliance with 12 NYCRR Part 195.

This authorization is to remain in full force and effect until The Goodkind Group and BANK have received written notice from me of its termination in such time and in such manner as to afford The Goodkind Group and BANK a reasonable opportunity to act on it.

Employee’s Signature: Date: