



# CHECKS & BALANCES

Checks & Balances Payroll | A Cast & Crew Company

## Direct Deposit Application

Checks and Balances Payroll provides direct deposit services to employees and non-employee pay recipients engaged with selected companies. Please complete the information requested below, sign at the bottom, and return to your company contact as soon as possible.

**You must include printed backup from your financial institution for any accounts listed. The backup must contain the name on your pay checks, routing number, and account number. Starter checks or otherwise handwritten backup is not acceptable. The form must be completed correctly and without omissions. Checks and Balances only provides direct deposit services to United States accounts. No direct deposit services to international accounts are provided.**

### Payee Information

Today's Date	
Employer/Company Name	Wicked LLC
Employee Name	

### Banking Setup Information

**\*DO NOT ENTER CHILD TRUST ACCOUNTS IN THIS SECTION\***

Account 1	Circle One Checking Savings	Bank Name	Routing (9 digits)	Account Number	% of Net/\$ Amt Per Check
Account 2	Circle One Checking Savings	Bank Name	Routing (9 digits)	Account Number	% of Net/\$ Amt Per Check

### Child Trust Setup Information

**\*BACKUP IS REQUIRED WITH THE CHILD'S NAME ON THE ACCOUNT\***

Child Trust Account	Name on Account	Bank Name	Routing (9 digits)	Account Number	% of Gross

### Please Read Prior To Submitting

I hereby authorize Employer/Company above, either directly or through Checks and Balances Payroll, to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer/Company, either directly or through its payroll service provider, to my account. In the event that Employer/Company deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount to not exceed the original amount of the erroneous credit. The authorization is to remain in full force and effect until Employer/Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer/Company and bank reasonable opportunity to act on it.

Employee/Payee Signature \_\_\_\_\_

Date \_\_\_\_\_




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## Direct Deposit Acceptable Examples

Please provide a scan of a voided check, or bank documents pre-filled out by your bank.

NOTE: We do not accept starter checks or deposit slips as backup.

**Direct Deposit** 


Complete this form and give it to your employer / payer.  
If they prefer to use their own form, you can use this as a reference.

<b>Deposit Account #1</b>	Bank Name: <b>Capital One</b>
Account Number: _____	Deposit Amount: _____
Routing Number: _____	_____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	(Percentage or dollar amount)

<b>Deposit Account #2</b>	Bank Name: _____
Account Number: _____	Deposit Amount: _____
Routing Number: _____	_____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	(Percentage or dollar amount)

<b>Deposit Account #3</b>	Bank Name: _____
Account Number: _____	Deposit Amount: _____
Routing Number: _____	_____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	(Percentage or dollar amount)

I authorize \_\_\_\_\_ (company name) to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account(s) listed above. I understand that this authorization replaces any previous authorization, and will remain in effect until the company named above has received written notification from me of its termination in a reasonable enough time to act.

  
George Abbott  
VP, Consumer Banking

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Information must be pre-filled out by bank. It cannot be handwritten.

Your bank form must include the bank logo or letterhead

The account and routing number must match on the C&B form

BOTH an account number AND routing number must be present.

Your name must be filled out by the bank and match your hired name

Your name must be present AND match your hired name

Don't forget to write VOID!

JOHN SMITH  
1234 EAST BROADWAY  
NEW YORK, NY 10001

6656

**VOID**

PAY TO THE ORDER OF \_\_\_\_\_

DATE \_\_\_\_\_ \$ \_\_\_\_\_ DOLLARS

**CHASE**  
JPMORGAN CHASE BANK, NA  
10430 HIGHLAND MANOR DRIVE  
TAMPA, FL 33610

MEMO \_\_\_\_\_

⑆02⑆00002⑆⑆ 0⑆234567890⑆23456⑆ 6656

Must include the bank logo or letterhead

The account and routing number must match on the C&B form