

Client	#
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Employee #_____

DIRECT DEPOSIT/CASH PAY AUTHORIZATION

(If offered by the work site employer)

I,	2	authorize Oasis Outsourcing to	
electronically deposit to the accounts below:			
Bank Name			
Add Change Delete			
Bank Account Number			
ACH Routing Number			
Amount or % Deposited:	Account Checking	Savings CashPay/VISA	
Bank Name			
Add Change Delete			
Bank Account Number			
ACH Routing Number			
Amount or % Deposited:	Account Checking	Savings CashPay/VISA	
allowed to make deposits into checking and savings accounts. Most credit union deductions are considered one savings account. Attach verification of the ACH bank routing number and bank account number (provided by financial institution) for all of the account(s) listed above. Please allow 10 business days for processing. If I change banks or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change. If I close my bank account I must notify Oasis within 48 hours of my next pay date. I hereby authorize and agree that in the event that Oasis deposits funds erroneously into my account, I authorize Oasis to debit my account for an amount not to exceed the original amount of the erroneous credit, should the funds no longer be available and were not rightfully mine I agree to return the amount of the erroneous deposit in full upon demand.			
Employee's Signature Social Security No.		Social Security No.	
Mother's Maiden Name (Required for Cash Pay option ONLY)Date			
	Tape (please do not stap	ıle):	
a voided check a copy of a check a copy of the Financial Institution Identification Card (for checking and savings accounts). Note: Incomplete or unacceptable information will delay the start of your direct deposit or savings amount(s).			
(<u>Not required for VISA/CASHPAY)</u>			