



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

(SUBMIT ONE AUTHORIZATION AGREEMENT PER ACCOUNT)

START DIRECT DEPOSIT – ONCE YOUR DIRECT DEPOSIT IS SET UP, YOUR FUNDS SHOULD BE POSTED TO YOUR ACCOUNT EVERY OTHER FRIDAY, DEPENDING UPON YOUR FINANCIAL INSTITUTION. BY CHECKING THIS OPTION I AUTHORIZE SHARP HEALTHCARE PAYROLL DEPARTMENT NOT TO PRINT MY DIRECT DEPOSIT ADVICE FORM EACH PAY PERIOD. I UNDERSTAND THAT I CAN ACCESS/VIEW/PRINT MY ADVICE ON-LINE THROUGH THE EMPLOYEE SELF-SERVICE MODULE OF THE LAWSON WEB EITHER FROM WORK OR AT HOME. HOME ACCESS AVAILABLE VIA THE INTERNET BY TYPING IN THIS URL ADDRESS: [HTTPS://WWW.SHARP.COM/EMPLOYEES](https://www.sharp.com/employees). IF I DO NOT HAVE A PERSONAL COMPUTER I MAY USE A KIOSK LOCATED THROUGHOUT SHARP ENTITIES.

START DIRECT DEPOSIT –ONCE YOUR DIRECT DEPOSIT IS SET UP, YOUR FUNDS SHOULD BE POSTED TO YOUR ACCOUNT EVERY OTHER FRIDAY, DEPENDING UPON YOUR FINANCIAL INSTITUTION. I PREFER SHARP HEALTHCARE PAYROLL DEPARTMENT TO PRINT MY DIRECT DEPOSIT ADVICE FORM EACH PAY PERIOD.

CHANGE DIRECT DEPOSIT – WHEN CHANGING YOUR ACCOUNT NUMBER OR FINANCIAL INSTITUTION PLEASE SUBMIT YOUR NEW AUTHORIZATION AGREEMENT PRIOR TO THE END OF THE PAY PERIOD THAT YOU WANT THE CHANGE TO BE EFFECTIVE. VERIFY THE CHANGE HAS TAKEN PLACE BY REVIEWING YOUR DIRECT DEPOSIT INFORMATION WITH YOUR FINANCIAL INSTITUTION. EFFECTIVE DATE OF CHANGE: ____/____/____.

CANCEL DIRECT DEPOSIT – EFFECTIVE DATE OF CANCELLATION: ____/____/____. PLEASE NOTIFY PAYROLL, IN WRITING, TO CANCEL YOUR DIRECT DEPOSIT **BEFORE YOU CLOSE YOUR ACCOUNT** WITH YOUR FINANCIAL INSTITUTION.

SELECT ONE: CHECKING (ATTACH VOIDED CHECK) SAVINGS

SELECT ONE: DEPOSIT 100% OF NET PAYCHECK
 DEPOSIT PARTIAL AMOUNT OF \$_____ DOLLARS

NAME OF FINANCIAL INSTITUTION (BANK/CREDIT UNION)		BRANCH	
CABRILLO CREDIT UNION			
CITY	STATE	ZIP CODE	
SAN DIEGO	CA	92131	
TRANSIT/ABA NUMBER -- **REQUIRED**		ACCOUNT NUMBER -- **REQUIRED**	

I HEREBY AUTHORIZE **SHARP HEALTHCARE** TO INITIATE DEPOSITS, CREDITS AND/OR CORRECTIONS TO PREVIOUS CREDITS TO THE FINANCIAL INSTITUTION INDICATED ABOVE. THE FINANCIAL INSTITUTION IS AUTHORIZED TO CREDIT AND/OR CORRECT THE AMOUNTS TO MY ACCOUNT. THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL I REVOKE IT, BY GIVING 10 DAYS WRITTEN NOTICE TO THE COMPANY DESIGNATED ABOVE, OR, IF STOPPED BY THE PAYROLL DEPARTMENT, DUE TO MY TERMINATION.

EMPLOYEE NAME (PLEASE PRINT)	FAC/PROCESS LEVEL	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
SIGNATURE		TELEPHONE NUMBER	DATE



DIRECT DEPOSIT GUIDELINES

YOUR SIGNATURE ON THE ATTACHED FORM ACKNOWLEDGES UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING SPECIAL CIRCUMSTANCES SURROUNDING YOUR DIRECT DEPOSIT TO A CHECKING/SAVINGS ACCOUNT:

1. YOUR BANK/CREDIT UNION MUST BE A MEMBER OF THE **AUTOMATED CLEARING HOUSE**.
2. **FOR CHECKING ACCOUNTS ONLY**, YOU (THE EMPLOYEE) MUST ATTACH A VOIDED CHECK, FOR ACCOUNT NUMBER VERIFICATION. **DEPOSIT SLIPS ARE NOT ACCEPTABLE**.
3. YOU MUST NOT CHANGE BANK/CREDIT UNION ACCOUNTS OR STOP THE DIRECT DEPOSIT WITHOUT PROVIDING TWO WEEKS WRITTEN NOTICE TO THE PAYROLL DEPARTMENT.
4. YOU SHOULD NOT WRITE CHECKS AGAINST MONEY TO BE DEPOSITED UNTIL YOU HAVE RECEIVED THE DEPOSIT ADVICE (CHECK STUB) OR REVIEWED ON LAWSON WEB ON PAYDAY. YOUR FUNDS SHOULD BE POSTED TO YOUR ACCOUNT ON FRIDAY.
5. MONIES PAID OUTSIDE OF REGULAR PAYROLL PROCESSING WILL NOT BE DIRECT DEPOSITED.
6. SEND COMPLETED AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT FORM INTEROFFICE TO: PAYROLL – 4000 RUFFIN, SUITE A, OR FAX TO (858) 637-6689.