

Systemart Employees have two options to select for their pay. Please select either one of it:

- 1) **Live check via USPS regular mail (Y/N)** - Employee will receive live check under their individual name. Check will be mailed within 1 business day of check date via USPS regular mail.

Please provide the name and mailing address below:

Name: _____
Address: _____

- 2) **Direct Deposit into your bank account (Y/N)**

In this you will receive the money into your bank directly as per our payroll schedule (Attached with your New Hire onboarding documents)

I hereby authorize **SYSTEMART, LLC** to initiate automatic deposits to my account at the financial institution named below. If in case of over payment I also authorize **SYSTEMART, LLC** to make withdrawals for overpaid amount from this account in the event that a credit entry is made in error.

Further, I agree not to hold **SYSTEMART, LLC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **SYSTEMART, LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new form to the Payroll Department.

Pay Direct Deposit / Live Check agreement form

Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ **Checking** **Savings**

Please check here if you wish to split your deposit among multiple accounts (additional form will be required)

Percentage or Dollar amount to deposit in this account _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____ **Checking** **Savings**

Account Number: _____
Percentage or Dollar amount to deposit in this account _____

Account 3 Information

Name of Financial Institution: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Percentage or Dollar amount to deposit in this account _____

Account 4 Information

Name of Financial Institution: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Percentage or Dollar amount to deposit in this account _____

Signature

Authorized Signature (Primary): _____

Date: _____

Please attach a void check or deposit slip and return this form to the Payroll Department.