

□ **Start Notice** Please note, SSPs will need to allow 2 pay periods for the direct deposits to begin. The first pay period will be a test deposit to ensure information is accurate. The second pay period will include your deposited funds. It is your responsibility to check with your banking institution to verify the funds are available to you.

□ **Stop Notice** Please note that if you forget to inform AWC/BCCIL of a stop, you will need to wait until AWC/BCCIL recovers the funds sent to your institution in error, which may take up to 4 business days after your scheduled pay. Fees may apply. ***If switching accounts, a stop notice for your old account must also be included with the start notice of a new account.**

Authorization agreement for automatic deposits (ACH credits)

I hereby authorize AWC/BCCIL Payroll Services to initiate automatic deposits to my account at the financial institution named below. I also authorize AWC/BCCIL Payroll Services to make withdrawals from this account if a credit entry is made in error.

Further, I agree not to hold AWC/BCCIL Payroll Services 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 anerror on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until AWC/BCCIL Payroll Services receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Informatio	n Checking (Attach a void	led check)	□ Savings
Name of Financial Institu	ution:		
ACH Routing Number:		Account Number:	
First Name	Middle Initial	Last Name	
Address			
City	State Zip	Code Daytime phone number	
Authorized Signature	e(s)		
Signature (required)		Date	
Joint Signature (if applicable)		Date	

IMPROPERLY COMPLETED FORMS WILL BE RETURNED TO YOUAND MAY DELAY YOUR DIRECT DEPOSIT PROCESS