

Note: This form supersedes all previously submitted forms. Please show ALL account allocations.

Employee Name – Please Print _____

Daytime Phone _____

Employee ID # _____

New Enrollment

Change Current Enrollment

Cancel Direct Deposit

ACCOUNT #1

Choose one:

Checking

Savings

Choose One:

Entire Check

Fixed Amount \$ _____ or Percent _____%

Bank Name _____

Routing Number _____

Account Number _____

ACCOUNT #2

Choose one:

Checking

Savings

Choose One:

Remainder of Check

Fixed Amount \$ _____ or Percent _____%

Issue Payroll Check

Bank Name _____

Routing Number _____

Account Number _____

ACCOUNT #3

Choose one:

Checking

Savings

Choose One:

Remainder of Check

Issue Payroll Check

Bank Name _____

Routing Number _____

Account Number _____

IMPORTANT: ATTACH A BLANK VOIDED CHECK OR SAVINGS DEPOSIT SLIP SHOWING TRANSIT ROUTING AND ACCOUNT NUMBERS FOR EACH ACCOUNT SHOWN ABOVE IN ORDER TO PROVIDE PAYROLL WITH ACCURATE INFORMATION FOR YOUR DEPOSITS.

I have read and will abide by the Direct Deposit Guidelines on page two.

Employee Signature _____

Date _____

Return form to Human Resources at J1-105

DIRECT DEPOSIT GUIDELINES

I hereby authorize and request The Fred Hutchinson Cancer Research Center (FHCRC), until this authorization is revoked as described below, to transfer amounts of my FHCRC salary (after applicable deductions) as referenced on the reverse, to the financial institution indicated on the reverse for deposit in my account. In the event that wages due for a given pay period are not sufficient to cover specified deposits, I understand that deposits will be made only up to the total of wages due (if any). In the event that FHCRC may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that FHCRC shall have the authority to immediately terminate any transfer made under this authorization.

In the event that the exercise of this authorization for any reason results in an overpayment of salary or wages actually due and payable to me, I hereby authorize FHCRC to either:

- (a) Withhold a sum equal to the overpayment from my next FHCRC salary payment; or upon written notification,
- (b) Debit the identified account for an amount not to exceed said overpayment.

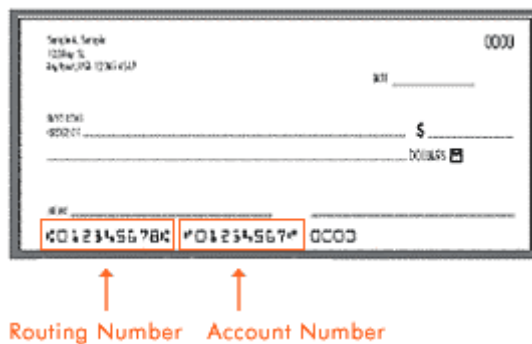
If any action taken by me, without adequate notification to the Human Resources office, results in nonacceptance of the transfer by my financial institution, I understand that FHCRC assumes no responsibility for processing supplemental payroll payments until the funds are returned to the FHCRC payroll office by my financial institution.

NEW ACCOUNT REMINDER

When setting up a deposit into a new account, the account information must test during a regular pay cycle before a live deposit can be made. Therefore, your new direct deposit will not go into effect before one or more full pay cycles have passed. Please refrain from arranging any direct billing from your account until direct deposit has been successfully established.

This authority is in force until written notification of its cancellation or until the termination of my employment.

Sample Check:



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