

Employee Direct Deposit Enrollment Form

Aeden Waterford Electronic Services

Employee Instructions:

1. Complete the Employee Required Information section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the **original** to your employer.

Employer Instructions:

1. Complete the employer required information section below.
2. Return original form or fax along with account information to your Aeden Waterford office.

EMPLOYEE - Required Information <small>PLEASE PRINT</small>	EMPLOYER - Required Information <small>PLEASE PRINT</small>
Employee Name _____	Client Name _____
Social Security No. ____ / ____ / ____	

Complete for DIRECT DEPOSIT

I would like my wages/salary deposited to the following bank account(s):

Checking:

Savings:

Bank Name _____

Bank Name _____

(Attach a void check, bank letter, or specification sheet with routing and account numbers for each account depositing money into.)

I wish to deposit (check one):

I wish to deposit (check one):

Entire Net Pay to Checking

Entire Net Pay to Savings

_____ % of Net to Checking

_____ % of Net to Savings

Flat Dollar Amount \$____.00

Flat Dollar Amount \$____.00

I hereby authorize my employer, _____ (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Aeden Waterford, Inc. (hereinafter Aeden Waterford) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by Aeden Waterford may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Aeden Waterford from my employer's bank. If, within 30 days of Aeden Waterford making the deposit into my account, my employer does not make available to Aeden Waterford the funds that were advanced to make the deposit into my account, I authorize Aeden Waterford to charge my account to recover said advance. I agree to hold Aeden Waterford harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Binghamton, New York, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature _____

Date ____ / ____ / ____

Return this original form to your employer