

# Peningo Systems Inc.

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E-Mail address: [human\\_resources@peningo.com](mailto:human_resources@peningo.com)

Fax 914-967 1635

## Full Service Direct Deposit Enrollment Form

To enroll in Direct Deposit program, simply fill out this form and email the completed form to [human\\_resources@Peningo.com](mailto:human_resources@Peningo.com)

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. 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.

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

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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You may choose up to two accounts (Your last item must be the remaining amount owed to you)

1 Bank Name/City State \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ I wish to deposit \$ \_\_\_\_\_ . \_\_\_ or Entire Amount \_\_\_\_\_

2 Bank Name/City State \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ I wish to deposit \$ \_\_\_\_\_ . \_\_\_ or Entire Amount \_\_\_\_\_