



**DATE:** August 10, 2009  
**TO:** All Artech Employees  
**FROM:** Accounting/Payroll Department  
**SUBJECT:** Payroll Direct Deposit

Effective September 1, 2009, all Artech employees will be required to use the Payroll Direct Deposit program to receive their pay. Some benefits of the direct deposit program include:

- Assurance that pay is deposited directly into the employees' checking or savings account on payday. This eliminates the need for a special trip to the bank or credit union to make a deposit.
- No lost paychecks and the resulting frustration and hardship. To process a replacement check the Payroll department is required to issue a stop payment and then issue the new check. This may take 3 to 4 business days.
- Assurance that pay will be deposited into the employee's bank or credit union account regardless of building or department closures and unforeseen events such as snow storms which may close the Corporate office.
- Capability of depositing pay into several bank or credit union accounts. The accounts do not need to be at the same institution. Eliminates transferring money between financial institutions.
- Pay is deposited whether employee is out sick, on vacation, traveling or working off-site.

All employees will be required to sign up for Direct Deposit except in cases where State law does not allow this requirement without a signed release\*\* (please see outlined states below.)

Deposits will be available according to rules and regulations of the individual banks.

During the transition period, we will allow 2 manual checks after which direct deposit will be required in order to process your paycheck.

If you have any questions or concerns, please feel free to contact the Payroll/Accounting Department @ 973.993.9383.

Employees who already receive their paycheck through direct deposit can disregard this notice.

**Please Note: \*\*\*PRE-PAID PAY CARDS WILL NOT BE ACCEPTED FOR PAYROLL\*\*\***

***\*\*The following states currently do not allow mandated direct deposit – Alabama, Colorado, Kentucky, Louisiana, Maine, Mississippi, Missouri, Nebraska, North Carolina, South Carolina, South Dakota, Washington – please sign the attached form and return to Payroll department\*\****



## **Mandatory Direct Deposit Notification**

(to be signed by all new hires, rehires after September 1, 2009)

I have received a copy of Artech's mandatory Direct Deposit Policy. I understand that as a condition of employment, because I am an existing employee, new hire or rehire applicant, I must comply with the policy and enroll in the direct deposit feature within 30 days of receipt of this notice or within 30 days of being hired or rehired. I must remain enrolled in the direct deposit feature during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy if I reside in a state that does not allow mandated direct deposit (please see disclosure below).\*

Applicant Name: (Please Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# DIRECT DEPOSIT WAIVER FORM

## WAIVER STATEMENT

I, \_\_\_\_\_, hereby request to waive my option of direct deposit for my paychecks based on the state I currently live in.\*\* I understand that by waiving the direct deposit option my paycheck will be sent to my current address in the payroll system. This will be sent regular mail by the pay date.

Applicant Name: (Please Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*\*The following states currently do not allow mandated direct deposit – Alabama, Colorado, Kentucky, Louisiana, Maine, Mississippi, Missouri, Nebraska, North Carolina, South Carolina, South Dakota, Washington – please sign the Waiver portion of this form if you currently reside in any of these states and wish to exercise your waiver right – Please return to Payroll department\*\****



# Employee Direct Deposit Enrollment Form

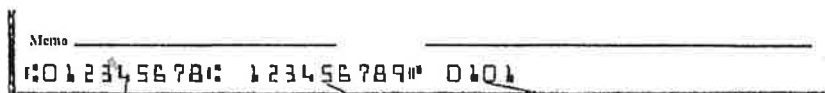
**Payroll Manager—Please complete this section and send a copy to ADP for enrollment. (Please print.)**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account—not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**Routing/Transit #**  
(A 9-digit number always between these two marks)

**Checking Account #**

**Check #**  
(this number matches the number in the upper right corner of the check—not needed for sign-up)

## Important! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, 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 ADP to my accounts. In the event that ADP deposits funds erroneously into my account, I authorize ADP 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 ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

**Make sure to indicate what kind of account, along with amount to be deposited if less than your total net paycheck.**

1. Bank Name/City/State:

Routing/Transit #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings  Other

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State:

Routing/Transit #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings  Other

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

3. Bank Name/City/State:

Routing/Transit #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings  Other

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

## ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.