



# SequoiaSD

Part of the AssuranceSD family

## Direct Deposit Authorization Form

Please fill out the information, as applicable. A bank letter or copy of a voided check is required to set up your direct deposit account. Email this required document to [sequoiahr@sequoiasd.com](mailto:sequoiahr@sequoiasd.com) for processing. This is required PRIOR to your start date.

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

Participant Name: \_\_\_\_\_

I authorize the entirety of my paycheck to be deposited into the following account each pay period:

Checking:

Savings:

### Authorization for Setup:

I hereby authorize SequoiaSD to deposit any amount owed to me for wages and/or reimbursements. SequoiaSD is not responsible for erroneous information provided resulting in a delayed payment.

Also, I grant SequoiaSD permission to correct and/or adjust any electronic funds transfer resulting from an erroneous payment by debiting my account.

This authorization is to remain in full force and effect until SequoiaSD receives written notification from me to terminate the agreement.

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

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