

This direct deposit request can be submitted electronically at https://etc.capspayroll.com

Employer / Production Company:

The undersigned hereby authorizes CAPS, LLC as the payroll agent for(name), to make payroll deposits to the undersigned's bank account as follows:			_(employee
Account Type:	Checking	Savings	
Name of Bank:			
Account Number:			
Bank Routing Number:			

The undersigned acknowledges and agrees that such direct payroll deposits may be made only if the above named bank is a Participating Depository Financial Institution in the Automated Clearing House system.

The undersigned agrees that if he or she closes the above-named bank account, or elects to terminate his or her participation in the Direct Payroll Deposit Program, the undersigned shall immediately notify CAPS by completing and delivering a new deposit instruction. If the undersigned fails to notify CAPS of a closed bank account or his or her termination in the Direct Payroll Deposit Program, CAPS, LLC shall be neither responsible nor liable for deposits directed to the above-referenced bank account.

Direct deposits to the above referenced account should be made effective on ______ (Date).

□ I elect to terminate my participation in the Automatic Payroll Deposit Program offered by CAPS, LLC effective

on _____ (Date).

□ I elect to receive paperless statements. Check stubs can be viewed anytime on the CAPS ETC Portal: <u>https://etc.capspayroll.com</u> Note: This option is not available for split payments (partial direct deposit and live check).

Date

Employee Signature

Telephone

Print Full Name

Last four digits of SSN or full FEIN if loan-out corporation

Loan-Out Name (if applicable)

Comments or additional information:

For a checking account, a voided check must accompany this request. For a savings account, a bank document containing the account information is required. Mail this request to CAPS or submit electronically at https://etc.capspayroll.com

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