

CAPS Payroll Direct Deposit Request



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 _____
(employee name), to make payroll deposits to the undersigned's bank account as follows:

Account Type: Checking Savings

Name of Bank: _____

Account Number: _____

Bank Routing Number: _____

The undersigned acknowledges and agrees that such direct payroll deposit 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 Deposit Program, the undersigned shall immediately notify CAPS by completing and delivering a new direct 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 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: <https://etc.capspayroll.com>. Note: This option is not available for split payments (partial direct deposit & 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>