



▶ Direct Deposit Authorization Form

Please be advised it is your responsibility to notify Semper of any changes to your account (i.e. account closure or change in account number). Failure to report changes may result in your paycheck being delayed.

Employee Name: _____

Social Security Number: _____ - _____ - _____

Semper Office Location: _____

Bank Name: _____

Bank Location (City & State): _____

Routing Number (Required): _____

Account Number (Required): _____

Checking _____ (Full or Partial) or Savings (Full or Partial) _____

REQUIRED

(Place Voided Check Here)

*(We cannot process your direct deposit request without a voided check
A bank letter is also acceptable)*

I authorize Semper to initiate credit entries and correct debit entries, if necessary, to the bank account noted above. Further, I agree to receive direct deposit pay statements in electronic format. Paper copies of electronic documents must be requested in writing.

Signature: _____ Date: _____

**Instructions for viewing electronic pay statements can be found at:
<http://www.semperllc.com/index.cfm?page=ADPiPay>**

Please Fax this Form to Your Office:

Atlanta: 888-836-9703	Dallas: 888-836-9703
Baltimore: 888-836-9703	Los Angeles: 888-836-9703
Boston: 888-836-9703	Minneapolis: 888-836-9703
Chicago: 888-836-9703	New Jersey: 888-836-9703
	San Francisco: 888-836-9703

Questions? Call 800-954-4993 or email HR@Semperllc.com