



DIRECT DEPOSIT AUTHORIZATION FORM

After you have signed this form, please return to your employer.

COMPANY INFORMATION:

Company Name _____

Address _____

Phone # _____

EMPLOYEE INFORMATION:

Employee Name _____

Social Security Number _____

Address _____

Phone # _____

DIRECT DEPOSIT INSTRUCTIONS:

I would like my wages/salary deposited to the following HSBC Bank USA, N.A. account(s) as indicated:

Deposit \$ _____ * into _____ ** Account No. _____ Routing/Transit No. _____

Deposit \$ _____ * into _____ ** Account No. _____ Routing/Transit No. _____

Deposit \$ _____ * into _____ ** Account No. _____ Routing/Transit No. _____

Deposit \$ _____ * into _____ ** Account No. _____ Routing/Transit No. _____

either a specific **dollar amount or % of net pay is indicated.*

***specify checking or savings.*

I authorize _____ (“Company”) to make deposits directly to my HSBC Bank USA, N.A. account(s) indicated above, and authorize the HSBC Bank USA, N.A. to accept such deposits. If necessary, the Company is also authorized to initiate any debit entries to correct an erroneous credit entry to my account(s) at HSBC Bank USA, N.A. I understand that this authorization replaces any previous authorization and will remain in full force and effect until the Company has received written notification from me of its termination in such time as to afford the Company and HSBC Bank USA, N.A. a reasonable opportunity to act.

Employee Signature: _____ Date: _____