

## REQUEST FOR PAYROLL DIRECT DEPOSIT



Date: 09/25/2018

Print Your Name (Last, First): Xu, Yiran

Your Social Security Number: 112-98-7240

ATTORNEYS AT LAW

**For a New Account:** *A voided check(s) must be attached.*

**Funds will be deposited into new accounts after 2 or 3 payrolls**

1. Bank Name: Bank of America

Routing/Transit #: 021000322

Account #: 483028048386

☒ Checking ☐ Savings I wish to deposit: \$  ☒ or Entire Net

2. Bank Name:

Routing/Transit #:

Account #

☐ Checking ☐ Savings I wish to deposit: \$  ☐ or Entire Net

3. Bank Name:

Routing/Transit #:

Account #

☐ Checking ☐ Savings I wish to deposit: \$  ☐ or Entire Net

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**To Cancel an Existing Account(s): (All cancellations are effective immediately)**

Routing/Transit #: Account #

☐ Checking ☐ Savings

Routing/Transit #: Account #

☐ Checking ☐ Savings

By signing this form, I understand, agree and authorize my employer, Oblon, McClelland, Maier & Neustadt, L.L.P. to:

- Deposit my net salary in either checking and/or savings account(s) as named above.
- The bank to return to my employer any money which is deposited in my account by mistake.
- The Financial institution(s), at the request of my employer, to make any correcting entries to my account(s).
- In order to insure that my pay is not misdirected, I will notify Payroll in writing prior to closing or changing my account(s).

This authorization will remain in effect until I notify Payroll, in writing, of my desire to change or end it.

Signature

*Yiran Xu*

Date Signed

09/25/2018