

# H-E-B Direct Deposit Authorization Form

Complete the information below and return it to your Administrative Assistant for processing and retention at your work location. Allow 5-7 business days. **Your request may be delayed if all information is not provided.**

Please use black ink only and print legibly.

### Notice

**H-E-B utilizes a direct deposit process for the payment of wages. By signing this form you hereby authorize and give H-E-B permission to begin the direct deposit of your payroll/wages to the account(s) you specify on the pay period following the date this form is processed.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 PeopleSoftId \_\_\_\_\_ Work Phone \_\_\_\_\_

**Attaching a Deposit Slip or Voided Check is highly recommended for accurate processing**

Bank Name**	Dollar Amount, Percent or Balance to Deposit	Select Checking or Savings	Select One *See Chart Below	9 Digit Bank Routing Number	Bank Account Number
H-E-B FEDERAL CREDIT UNION		C S	A C NC S	314078469	
		C S	A C NC S		
		C S	A C NC S		

**\*A = Add      C = Change      NC = No Change      S = Stop**

**\*\*Multiple transactions to the same bank should be handled through your Banking Institution (i.e. fund transfers between your checking & savings accounts).**

### Authorization

I authorize HEB Grocery Company and/or its parent or subsidiaries ("H-E-B") to initiate direct deposit of my wages/pay and/or initiate credit entries of my payroll to my direct deposit account(s). I also authorize H-E-B to withhold or deduct from my wages/pay or to withdraw, correct, or credit my direct deposit account(s) for the purpose of offsetting or correcting any prior entries or deposits, which were made to my direct deposit account(s) in error or by mistake. I hereby release H-E-B of any and all claims, responsibility, fees, liability, and charges, including insufficient funds' charges or fees, resulting from or arising out of: i) any change, suspension, or cancellation of the direct deposit of my wages/pay; or ii) the withholding, deduction, or offset by H-E-B to my direct deposit account(s).

I understand that the amounts to be credited to my direct deposit account(s) are scheduled to be available to me each payday, except in unusual cases of delay in the electronic banking system, which is a risk I willingly accept in exchange for the convenience of electronic banking. I agree that H-E-B has no responsibility for personal checks written against my account(s).

Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

For Administration Assistant Use Only:	Entered into PeopleSoft by: _____	Date: _____
***Retain from at work location***		