

# CAPS Payroll Direct Deposit Request

*Please note: If using a MAC, please print this form and fill out manually.*



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 deposits 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 Payroll Deposit Program, the undersigned shall immediately notify CAPS by completing and delivering a new 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 bank 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 and 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>**