



# Payroll & Expense Reimbursement Direct Deposit Form

Associate Name Matthew Rollet

Associate # 23146

Email Mrollet@Pathfinderstudents.org

**Instructions:** Please complete the form by entering the proper information and include which type of check (Payroll/Expense/Both) should go into that account. When splitting accounts, only whole dollars can be entered, no percentages.

Please include a blank check or a letter from your financial institution that includes your routing and account number. If not included, changes and/or additions to account information will result in a pre-notification period which could take up to four weeks. During this time you will receive a negotiable check.

The Direct Deposit for Expense Reimbursement s will only be processed for Legacy Greatbatch at this time. Note: Only one account can be selected for your Expense Reimbursements

Bank Name: <u>North Brookfield Savings Bank</u>	Routing/ABA #: <u>211374091</u>	Account #: <u>920135242</u>
Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Amount: <input checked="" type="checkbox"/> Full <input type="checkbox"/> \$	Deposit For: <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Expenses <input type="checkbox"/> Both
Is a copy of a voided check or letter from the financial institution attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Please check one regarding your acct: <input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete	For Payroll Only: Date Entered: _____ Initials _____

Bank Name:	Routing/ABA #:	Account #:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Amount: <input type="checkbox"/> Full <input type="checkbox"/> \$	Deposit For: <input type="checkbox"/> Payroll <input type="checkbox"/> Expenses <input type="checkbox"/> Both
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Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Amount: <input type="checkbox"/> Full <input type="checkbox"/> \$	Deposit For: <input type="checkbox"/> Payroll <input type="checkbox"/> Expenses <input type="checkbox"/> Both
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Bank Name:	Routing/ABA #:	Account #:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Amount: <input type="checkbox"/> Full <input type="checkbox"/> \$	Deposit For: <input type="checkbox"/> Payroll <input type="checkbox"/> Expenses <input type="checkbox"/> Both
Is a copy of a voided check or letter from the financial institution attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one regarding your acct: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete	For Payroll Only: Date Entered: _____ Initials _____

**Authorization:** I authorize Integer to deposit my net salary &/or expense reimbursement to the bank(s) and account(s) named above. This authorization is to remain in force until Integer receives a revised form from me, terminating this request. I will provide the revised form in a timely manner that will allow the company to appropriately act on this request. In the event that Integer notifies the bank that the funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the company as soon as possible.

Associate Signature 

Date 10/27/2017

Matthew R. Rollet  
590 Dunham Rd  
Brimfield MA 01010-9679

Date \_\_\_\_\_ 90

53-7409/2113

Pay to the  
order of

*VOID*  
NORTH BROOKFIELD SAVINGS BANK  
North Brookfield MA 01335-1417

\$ \_\_\_\_\_ Dollars

MEMO \_\_\_\_\_

SIGNED \_\_\_\_\_

⑆ 211374091⑆ 920135242⑆ 0090