



INDEPENDENCE PLUS, INC.
720 Enterprise Drive
Oak Brook, Illinois 60523
(708) 366-4500- Phone
(708) 366-4553-Fax

Subject: Paycheck

Employee Name: (PRINT) _____

It has come to our attention that some employees have not received their paychecks when sent through the U. S. Postal Service.

We are therefore, giving each employee the option of personally picking up their paycheck, having it electronically deposited into a financial institution account(s) or **risking delivery by the U.S. Postal Service.**

Should you choose to have your check mailed:

- Please allow **5** business days to receive it by mail. A stop payment will NOT be requested until the 5th business day.
- IPI will NOT issue a new check until the next pay period (i.e your lost paycheck will not be issued until 14 days after it was initially issued).
- There is a \$25.00 stop payment fee that will be deducted from the reissued check.

There will be no exceptions.

Please indicate your preference and sign below.

Thank you,

Shineka Ammons
Human Resource Manager

I choose to:

Pick-Up Paycheck

Mail Paycheck

Direct Deposit (voided check or deposit slip required)

Employee Signature: _____ Date: _____



Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out the attached form and give it to our Human Resource Manager. Supply the documentation listed below. This will help ensure that you are paid correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on both sides of this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Last four of Social Security #: ____ Date: _____

Employee Signature: _____ Company Name: INDEPENDENCE PLUS, INC.

ACCOUNT INFORMATION

You may choose up to five accounts. (Your last item must be for the remaining amount owed to you)

****PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS. ATTACH A DEPOSIT SLIP FOR SAVINGS ACCOUNTS.****

1.

BANK NAME/CITY/STATE:	TYPE OF ACCOUNT	ROUTING NUMBER	ACCOUNT NUMBER
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
AMOUNT TO BE DEPOSITED	\$	ENTIRE NET AMOUNT	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.

BANK NAME/CITY/STATE:	TYPE OF ACCOUNT	ROUTING NUMBER	ACCOUNT NUMBER
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
AMOUNT TO BE DEPOSITED	\$	ENTIRE NET AMOUNT	Yes <input type="checkbox"/> No <input type="checkbox"/>

3.

BANK NAME/CITY/STATE:	TYPE OF ACCOUNT	ROUTING NUMBER	ACCOUNT NUMBER
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
AMOUNT TO BE DEPOSITED	\$	ENTIRE NET AMOUNT	Yes <input type="checkbox"/> No <input type="checkbox"/>

4.

BANK NAME/CITY/STATE:	TYPE OF ACCOUNT	ROUTING NUMBER	ACCOUNT NUMBER
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
AMOUNT TO BE DEPOSITED	\$	ENTIRE NET AMOUNT	Yes <input type="checkbox"/> No <input type="checkbox"/>

5.

BANK NAME/CITY/STATE:	TYPE OF ACCOUNT	ROUTING NUMBER	ACCOUNT NUMBER
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
AMOUNT TO BE DEPOSITED	\$	ENTIRE NET AMOUNT	Yes <input type="checkbox"/> No <input type="checkbox"/>

****PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS. ATTACH A DEPOSIT SLIP FOR SAVINGS ACCOUNTS.****