

DIRECT DEPOSIT AUTHORIZATION FORM

NEW: New Checking/Savings Account set ups take approximately 2 weeks to go into effect. Complete Section I

CHANGE: To make any Dollar \$ amount, Routing or account number changes to an Existing account, complete SECTION I and use SECTION II for additional account changes. Any changes other than dollar amounts will take 2 weeks to process.

New accounts or changes to existing requires the following documents:

Checking Accounts: **VOIDED CHECK** Savings Accounts: **Bank Documentation (including routing and account numbers)**

Cancel of Old Account(s): Please provide the Old Account number(s) you wish to Cancel;

Account # _____ Account # _____

I authorize L'Oreal USA, Inc. and the indicated financial institution(s) below to deposit my net pay to my account(s) each pay period. I will notify payroll in the event of any changes to my account status. If monies to which I am not entitled are deposited to my account, I give L'Oreal USA my permission to instruct the bank to return said funds. This authorization is to remain in effect until written authorization is received by payroll to change this service. I understand that I must fill out a New Form to change the amount deposited to split accounts.

EMPLOYEE NAME: _____ Date: ____/____/____
Please Print your name above

WORK LOCATION: _____ HR Contact/Extension: _____

EMPLOYEE SIGNATURE OF AUTHORIZATION: _____

Section I

Account Type: CHECKING SAVINGS
Choose One: NEW ACCOUNT CHANGE

Please check appropriate box below:

- A. → Deposit 100% of my net pay into the instructed account listed below.
- B. → Deposit a portion of my net pay into the instructed account listed below \$ Amt. To Deposit: \$ _____ and the balance of my net pay to the account listed in Section II.
- C. → Replace Existing Savings Account # _____ Checking Account # _____ with the New account listed below.

BANK/CREDIT UNION NAME: _____ BANK PHONE #: _____

ROUTING #: _____ ACCOUNT #: _____

Section II

Account Type: CHECKING SAVINGS
Choose One: NEW ACCOUNT CHANGE

Please check appropriate box below:

- A. → Deposit 100% of my net pay into the instructed account listed below.
- B. → Deposit a portion of my net pay into the instructed account listed below. \$ Amt. To Deposit: \$ _____ and the balance of my net pay to the account listed in Section I.
- C. → Replace Existing Savings Account # _____ Checking Account # _____ with the New account listed below.

BANK/CREDIT UNION NAME: _____ BANK PHONE #: _____

ROUTING #: _____ ACCOUNT #: _____

Please Mail or Fax when completed: → Fax #: 1-732-499-2727 → **732 574 9148**
L'Oreal Corporate Payroll 133 Terminal Ave. Clark, NJ 07066