

## Direct Deposit Authorization



Legal Name

EE ID#

(Not applicable for new hires)

Email Address

Work Location:

(Office Employees only)

(Not applicable for new hires)

To ensure accurate Routing and Account Numbers, please attach the following:

\* Checking account - ATTACH COPY OF A VOIDED CHECK

Office  Production

\* Savings account - ATTACH COPY OF DEPOSIT SLIP OR ANY BANK DOCUMENT SHOWING ABA/ROUTING#

Deposit Account No. 1      Must Check one: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	
Name of Bank/Financial Institution: <input style="width: 90%; height: 25px;" type="text"/>	Routing Transit Number: <input style="width: 90%; height: 25px;" type="text"/> <small>(Must be 9 digits. Cannot begin with a 4 or 5)</small>
Check Account Type: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	Account Number: <input style="width: 90%; height: 25px;" type="text"/>
<input type="checkbox"/> USE THIS ACCT TO DEPOSIT PAYROLL AND EXPENSE REIMBURSEMENTS <small>If not indicated, all Greif travel &amp; expense reimbursements will automatically be deposited into Account #1. Unlike Payroll, expense reimbursements should be allocated to more than one account.</small>	
Amount to Deposit (Check One): <input type="checkbox"/> Balance of paycheck      OR <input type="checkbox"/> Specify Amount \$ <input style="width: 150px;" type="text"/>	
Deposit Account No. 2      Must Check one: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	
Name of Bank/Financial Institution: <input style="width: 90%; height: 25px;" type="text"/>	Routing Transit Number: <input style="width: 90%; height: 25px;" type="text"/> <small>(Must be 9 digits. Cannot begin with a 4 or 5)</small>
Check Account Type: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	Account Number: <input style="width: 90%; height: 25px;" type="text"/>
<input type="checkbox"/> USE THIS ACCT TO DEPOSIT PAYROLL AND EXPENSE REIMBURSEMENTS <small>If not indicated, all Greif travel &amp; expense reimbursements will automatically be deposited into Account #1. Unlike Payroll, expense reimbursements should be allocated to more than one account.</small>	
Amount to Deposit (Check One): <input type="checkbox"/> Balance of paycheck      OR <input type="checkbox"/> Specify Amount \$ <input style="width: 150px;" type="text"/>	
Deposit Account No. 3      Must Check one: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	
Name of Bank/Financial Institution: <input style="width: 90%; height: 25px;" type="text"/>	Routing Transit Number: <input style="width: 90%; height: 25px;" type="text"/> <small>(Must be 9 digits. Cannot begin with a 4 or 5)</small>
Check Account Type: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	Account Number: <input style="width: 90%; height: 25px;" type="text"/>
<input type="checkbox"/> USE THIS ACCT TO DEPOSIT PAYROLL AND EXPENSE REIMBURSEMENTS <small>If not indicated, all Greif travel &amp; expense reimbursements will automatically be deposited into Account #1. Unlike Payroll, expense reimbursements should be allocated to more than one account.</small>	
Amount to Deposit (Check One): <input type="checkbox"/> Balance of paycheck      OR <input type="checkbox"/> Specify Amount \$ <input style="width: 150px;" type="text"/>	

**Self-Service User Information and Acknowledgment:**

For Office Employees Only: All Greif office employees receive their bi-weekly paychecks via direct deposit. Greif will create a self-service ID for you to access your electronic pay statement (excluding travel and expense reimbursements). You will also receive the "Electronic Pay Statements User Instructions" guide. This ID will be sent to you after you sign, date and return this form by then. **YOU WILL NOT BE ABLE TO ACCESS YOUR PAY STATEMENTS UNTIL YOU SIGN, DATE AND RETURN THIS FORM.** Your signature indicates that you accept accountability for the use of your ID and Password. Your user ID and Password allow you to access your electronic pay statement from any internet connected computer. Protect the confidentiality of this information just as you protect your ID and Password to other financial institutions like your personal bank and 401(k) provider. To the extent this form does not comply with state law, the Company follows the requirements of applicable state law. *Please allow 2-3 weeks for processing.*

**Authorization Agreement**

I authorize Greif, Inc. to credit my account(s) with the financial institution(s) named above for both payroll net pay and travel and expense reimbursements. If Greif, Inc. erroneously deposits funds into my account, I authorize the necessary debit entries, not to exceed the total of the original amount credited. The authorization will remain in effect until Greif, Inc. has received my written notification stating otherwise. **If I am an Office Employee,** my signature also indicates that I understand the confidential nature of the User ID and password that I will receive to access my pay statement on-line.

Employee Signature

Date