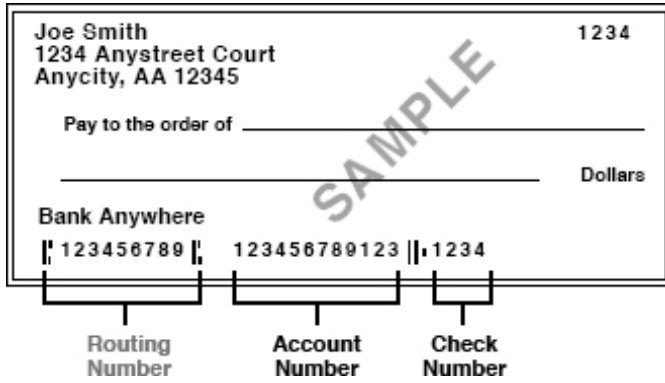


**GRANITE STATE INDEPENDENT LIVING
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM**

Account #1
 Bank Name _____ Checking
 Bank Address _____ Savings
 Bank City, State, Zip _____ Amount to deposit in this acct.
 Routing/Transit No. _____ _____ % (of net pay) or \$ _____
 Account No. _____

Account #2
 Bank Name _____ Checking
 Bank Address _____ Savings
 Bank City, State, Zip _____ Amount to deposit in this acct.
 Routing/Transit No. _____ _____ % (of net pay) or \$ _____
 Account No. _____



Do Not Include Check Number

I authorize my employer, Granite State Independent Living, and its Agents, including Financial Institutions, to initiate electronic credit entries to my checking and/or savings accounts listed above. I hereby grant Granite State Independent Living the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to affect such cancellation.

GSIL paystubs are now self-service, they can be accessed by logging into your iSolved account.

Employee Signature

Date

Employee Name (Please Print)

Employee email address

Updated 2/2022

Please return this form to: GSIL HR Dept., 21 Chenell Drive, Concord, NH 03301 or email to HR@gsil.org