



Payroll Direct Deposit Authorization & Destination Request

To allow time for processing, submit a completed requests 10 days prior to the pay period ending date. Late requests may result in a physical check being issued or a direct deposit to the previously established bank account. All applicable areas of this form must be completed. Remit a voided check or savings deposit slip image(s) with the form, or the form may be returned for completion. If changing your deposit account, leave your previous account open until the deposit into your new account has occurred. Your direct deposit advice detailing your earnings, deductions, and net deposit can be obtained by logging in to the pay portal provided by Netlink Solutions at <https://secure.netlinksolution.com/nextgen/>. For questions or assistance with your direct deposit, contact Saltwater's Payroll Administrator at (907) 276-3241.

Return completed form by:

Email to info@saltwaterinc.com; fax to 907-258-5999; or mail Attn: Payroll, Saltwater Inc., 733 N Street, Anchorage, AK 99501

Name (last, first, middle initial):		
Pay type: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Biweekly	Position: <input type="checkbox"/> Admin <input type="checkbox"/> EM <input type="checkbox"/> GF Observer <input type="checkbox"/> SF Observer <input type="checkbox"/> MMO <input type="checkbox"/> Other _____	
BALANCE OF NET DIRECT DEPOSIT (Required)		
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	BALANCE OF NET PAY (100% or remainder)
	Routing #:	Account #:
	Name of depository institution:	
PARTIAL DIRECT DEPOSIT (Optional)		
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	BALANCE OF NET PAY (100% or remainder):
	Routing #:	Account #:
	Name of depository institution:	
EXISTING ACCOUNT INFORMATION (Change Only)		
Mandatory for any changes	Routing #:	Account #:
	Name of depository institution:	
<p>Authorization: I authorize my employer, Saltwater Inc., and the financial institution named above, to deposit my net pay by electronic transfer to my account each payday. I understand it is my sole responsibility to verify with my financial institution the receipt of my payroll direct deposit funds. If amounts to which I am not entitled are deposited into my account, I authorize my employer to direct my financial Institution to return them. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that my employer may withhold any amounts owing to me until such amount is repaid.</p> <p style="text-align: center;">REMEMBER: ATTACH COPY OF BANK DOCUMENT (CHECK OR DEPOSIT SLIP(S) FOR NAMED ACCOUNT(S)</p>		
Signature:	Phone:	Date:

For Payroll Use Only	Entered by:	Date:
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