



Direct Deposit of Payroll Check Authorization

SUNOCO, INC.
Payroll Services
1735 Market Street, Ste LL
Philadelphia, PA 19103-7583

CHECK ONLY ONE:

- ACTIVE EMPLOYEE**
 RETIREE
 C-STORE / MASCOT

PLEASE PRINT CLEARLY

To be completed by Applicant / Payee

Last Name	First Name	MI
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Social Security Number XXX-XX-

Street Address

City	State	Zip Code
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Change of address cannot be made with this form.

CHECK ONE

- New Change
 Cancellation – If cancellation, complete top portion of form, sign and date at bottom of form.

NOTE: If you have checked New or Change, it will require about 30 days to verify the information. In the meantime, you may receive a paper check.

To Be Completed by Applicant and / or Financial Institution

Check only one account type

- Checking** – If checking account, attach a personal check marked void and preprinted with your name (as it appears on your payroll check) and entire account number. **DEPOSIT TICKETS ARE NOT ACCEPTED.** In this section, complete the bank name and address **ONLY** (leave the other fields blank) **BEFORE SIGNING AND RETURNING TO PAYROLL SERVICES.**
 Savings – If savings account, have the information below completed by your financial institution service representative **BEFORE RETURNING TO PAYROLL SERVICES.**

Bank Routing Number

For Deposit To Account Number

Bank To Which Payment Is To Be Made (Name)

← ATTACH VOIDED CHECK HERE

Street Address

Bank Telephone Number

City

State

Zip Code

The above-designated financial organization will receive and deposit sums for the above-named payee in accordance with NACHA (National Automated Clearing House Association) Rules and Guidelines. The payee named above has the right to cancel this Authorization, and the financial institution reserves the right to cancel this agreement by notice to the payee.

Signature of Financial Institution Representative required for all Savings Accounts

Signature _____ Please Print Name _____ Date _____
 and _____

I am the payee under the above Social Security Number and I hereby authorize that until further written notice from me is filed with Payroll Services, regular payments will be directly deposited in my account at the financial institution designated above. In the event of any overpayments, I authorize the financial institution to debit my account and to refund overpayments to Sunoco, Inc.

Applicant's Signature _____

Phone Number (Office or Home) _____

Date _____