



SECRET – Contains Personally Identifiable Information

## U.S. FORD EMPLOYEES – DIRECT DEPOSIT OF NET PAY

STEP 1 (ALL Fields MUST Be Completed)				
Check appropriate box (choose one)	<b>New Request</b> <input type="checkbox"/>	<b>Account Change</b> <input type="checkbox"/>		<b>Cancel</b> <input type="checkbox"/>
		<input type="checkbox"/> Discontinue current acct. (paper check will be issued) until new acct. can be set up  <input type="checkbox"/> Continue existing acct. until new acct. is active		
Check appropriate box (choose one)	Salaried Employee <input type="checkbox"/>	Hourly Employee <input type="checkbox"/>		
<b>Employee name</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>SSN(required/NOT G.I.D)</b>
<b>Address</b>	NUMBER AND STREET			APT. NUMBER
	CITY		STATE	ZIP CODE
<b>Phone number</b> (Area code and number):				
<p>I certify that I have read and understand the instruction page of this form. Upon signing this form, I authorize my employer And financial institution. Identified on the document below, to automatically deposit my pay as designated in Part 2 of this form each payday. Adjusting entries to correct error(s) are also authorized. This form supersedes any prior direct authorization previously signed by me.</p>				
<b>SIGNATURE</b>				<b>DATE</b>

STEP 2	
<input type="checkbox"/> <b>CHECKING</b>	9 digit route and transit number:
<input type="checkbox"/> <b>SAVINGS</b>	Bank account number:

Jane Doe	Date _____
Pay to the order of _____	\$ _____
_____ Dollars	
00000000 000000000000 00000	
↑	↑
Routing Number	Bank Account

STEP 3		
<b>MAIL:</b>	<b>OR</b>	<b>Fax: (734) 632-5722</b>
Mail Code 7570		
Ford Direct Deposit		
Comerica Bank		
P.O. Box 75000		
Detroit Mi 48275-7570	<b>(Call 1-800-367-3194 to verify receipt of form)</b>	



**AVAILABILITY OF FUNDS:** The financial institutions will use ordinary care under NACHA guidelines for the processing of the Ford Direct Deposit transactions. The employee’s financial institution is responsible for making funds available to its depositors at the opening business on the settlement date. Settlement date is your scheduled pay date. Problems associated with funds availability are the responsibility of the employee’s institution. Please contact your financial institution if you have questions about funds availability.

**COMPLETING YOUR DIRECT DEPOSIT OF NET PAY REQUEST:** The information included in the Direct **Deposit of Net Pay Form** will be used to process payment data from the U.S. Employee Payments Department of Ford Motor Company to your financial institution. Failure to provide the required information may affect processing of this form and may delay the receipt of your payments through the Direct Deposit of Net Pay Program.

**EMPLOYEE INSTRUCTIONS**

<b>NEW REQUEST</b>	<ol style="list-style-type: none"><li>1) <b>Complete the form:</b> All information, including your Social Security Number is required for settlement of funds. Your address and telephone number are required in the event it becomes necessary to contact you. The information you provide will be kept strictly confidential. <b><u>ALL fields MUST be completed.</u></b></li><li>2) <b>Sign the form:</b> By signing the document, you authorize your participation in the Direct Deposit of Net Pay Program and agree to its terms as indicated in the Direct Deposit of Net Pay form and instruction sheet.</li><li>3) <b>Allow up to 30 days for processing.</b></li></ol>
<b>CHANGES IN FINANCIAL INSTITUTIONS</b>	<p><b>Note:</b> this authorization will remain in effect until written notice of change is received by Comerica Bank.</p> <p><b>Complete the Direct Deposit of Net Pay form and mail or fax the completed form to Comerica.</b></p>
<b>FOR ADDITIONAL INFORMATION</b>	<p><b>COMERICA BANK</b> (processing bank for Ford Motor Co) Phone: 1-800-FORD194 or 1-800-367-3194</p>