



## CHECK POLICY

As your employer, Eastern Design would like to make everything as simple for you as possible. Our Payroll Department cuts checks each Tuesday and has them to the main post office by 2:00 PM. Once the checks are in the mail, the responsibility is out of our hands. If you choose to have your check mailed to your home, it should get to you within two days. However, there is no way to guarantee your check will be there in two days.

Because we cannot possibly guarantee the exact day your check will arrive through the mail, Eastern Design offers a couple of options on obtaining your check:

1. **Direct deposit** after a 10 day pre-note.
2. You may pick your check up at our office located in Greengate Office Park, 25 Woods Lake Road, Building 3, Suite 301, Greenville, SC 29607, no earlier than 8:30 AM each Wednesday.

If you have chosen to have your check mailed, which may be necessary for most out of town assignments, remember that your check is mailed every Tuesday by 2:00 PM.

### STOP PAYMENT POLICY:

In order to **stop payment** on a paycheck, it costs Eastern Design **\$32.00**. Because of this expense, EDS cannot be responsible for this cost. However, if you have not received your check in the mail by the following Monday after checks were mailed, EDS will pay the charge (**one time only**) and mail you another check. After that, we will ask that you pay the **stop payment charge or sign up for Direct Deposit**.

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I choose to: (Circle your choice below)

1. Have my check mailed to my home each week.
2. Pick my check up at Greengate Office Park each Wednesday.
3. Direct deposit after 10 day pre-note.

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

EASTERN DESIGN SERVICES, INC.  
TECHNICAL STAFFING SPECIALISTS



P. O. Box 17606 • Greenville, SC 29606  
Phone (864) 271-1228 • Fax (864) 232-3970

## ACH DIRECT DEPOSIT OF PAYROLL AUTHORIZATION AGREEMENT

I hereby authorize EASTERN DESIGN SERVICES, INC., hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking \_\_\_\_\_ Savings \_\_\_\_\_ account indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

TRANSIT/ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_