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U.S.FORD EMPLOYEES - DIRECT DEPOSIT OF PAY REQUEST - Page 1

STEP 1			
Check Appropriate Box	New Request <input type="checkbox"/>	Account Change <input type="checkbox"/> <input type="checkbox"/> Discontinue Existing Account <input type="checkbox"/> Continue Existing Account until New Account Active	Cancel <input type="checkbox"/> Reason for Cancel: Fraud <input type="checkbox"/> Account Closed <input type="checkbox"/> Other <input type="checkbox"/> Explain other
Check your employee classification	Salaried Employee (non ISE) <input type="checkbox"/>	International Service Employee <input type="checkbox"/>	Hourly Employee <input type="checkbox"/>
Employee Name	LAST NAME	FIRST NAME	MIDDLE INITIAL
	SOCIAL SECURITY NUMBER		
Address	NUMBER AND STREET		APT. NUMBER
	CITY	STATE	ZIP CODE
PHONE NUMBER (AREA CODE AND NUMBER) _____			
ALTERNATE (day time) PHONE NUMBER _____			
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.			
SIGNATURE		DATE	
STEP 2			
CHECKING - complete for pay check deposit into checking account			
9 DIGIT ROUTE AND TRANSIT NUMBER (First group of numbers located on the bottom left hand corner of your check)			
BANK ACCOUNT NUMBER (Second group of numbers on the bottom left hand corner of your check)			
EXAMPLE CHECK	<div style="border: 1px solid black; padding: 5px;"> <p>Jane Doe 123 Your Street Your Town, ST 12345 Pay to the order of _____ \$ _____ Dollars</p> <p style="text-align: center;">VOID</p> <p>000000000 0000000000000 00000</p> </div>		
ROUTE & TRANSIT NUMBER	BANK ACCOUNT NUMBER		
SAVINGS - complete for pay check deposit into savings account			
SAVINGS ACCOUNT NUMBER			
BANK ABA NUMBER			



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STEP 3

Will the deposited funds be forwarded across the U.S. border to a foreign institution via the ACH network on the same day that it was deposited into your account?

YES Complete Step 3

No Go to Step 4

Foreign Financial Institution Name _____

Identification Number _____

Foreign Financial Institution Address
Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

Country _____

STEP 4

MAIL COMPLETED FORM AND REQUIRED DOCUMENTS TO:

MAIL CODE 7570
Ford Direct Deposit
Comerica Bank
P.O. Box 75000
Detroit, MI 48275-7570

OR FAX TO: 734-632-5722

(Call 1-800-367-3194 to verify receipt of form)

COMPLETING YOUR DIRECT DEPOSIT OF PAY REQUEST

Please read carefully

The information included in the **Direct Deposit of 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 requested information may affect the processing of this form and may delay the receipt of your payments through the Direct Deposit of Pay Program.

EMPLOYEE INSTRUCTIONS

New Request

1. **Complete the form for request of direct deposit.** 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.
2. **Sign the form in the area indicated.** By signing the document, you authorize your participation in the Direct Deposit of Pay Program and agree to its terms.
3. **Upon completion of the form,** mail to the Comerica address as listed on the form.
 - **Checking Account Deposit:** You **must** attach a sample of one of your checks for the new bank account to the form. Write **VOID** on the face of the check.
 - **Savings Account Deposit:** You **must** attach a savings account form, which shows your account number and the ABA routing symbol of the bank you are using. Write **VOID** on the face of the form.
4. **Allow up to 30 days for processing your form.**

Changes in Financial Institutions

Note: This authorization will remain in effect until written notice of change is forwarded to Comerica Bank.

1. Complete Steps **1** and **2** (and Step 3 if applicable) on the Direct Deposit Request Form.
2. Attach the required documentation for the new bank account.
3. Mail completed form to the Comerica address as listed on the form.

For additional information, contact:

Comerica Bank (processing bank for Ford Motor Co)
Ford Direct Deposit
Phone: 1-800-FORD194
1-800-367-3194

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.