

Employee Authorization For Direct Deposit

How to enroll for direct deposit ?

Please read and complete this form to initiate automatic direct deposit for your entire payroll check or a portion of your net pay.

When does the direct deposit start?

Approximately 2 weeks after your form has been received and processed.

Please remember the following when signing up for direct deposit:

1. In accordance with the Federal Reserve Policy, direct deposits may take up to 48 business hours to be posted to your account. **It is your responsibility to verify funds prior to writing checks against your account.**
2. Direct deposit items are processed using the routing number from your voided check. However, some financial institutions require a different number for electronic transmissions. If your financial institution is a savings and loan, credit union, or you wish to deposit into a savings account, **please verify with your Financial Institution that the routing number on your deposit slip is the same number we should use for electronic transmissions.**
3. Financial Institutions may post electronic transactions at different times. Please check with your Financial Institution.
4. For your first initial payroll deposit, call your Financial Institution to confirm that your direct deposit(s) have been posted properly.

EMPLOYEE INFORMATION:

Employee Name _____ SS # _____

Home Address _____ City/ST/Zip _____

Company Name _____ Client Number _____

Each payday, deposit my payroll into the following accounts:

Type of Deposit	\$ Amount or %	Financial Institution	Account Number	Routing Number
Payroll Deduction*				
Checking				
Savings				
Credit Union				
Net Pay				
Checking				
Savings				
Credit Union				

* A maximum of 3 payroll deductions and one net pay direct deposit are allowed.

Please attach a copy of a personal VOIDED check or spec sheet from ALL accounts you wish to be directly deposited.

I authorize deposit of my payroll check with the financial institution I have indicated. The financial institution is authorized to credit those deposits to the account(s) indicated. This authority will remain in effect until I have given written notice of its termination. If my Employer does not provide funds to cover my paycheck, I authorize you and the Financial Institution, at any time, to reverse the credit transaction and withdraw money from my account in an amount equal to the amount credited, and regardless whether the original amount credited is still in my account. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I direct and authorize my financial institution and Employer to make the appropriate adjustment.

Signature _____ Date _____