

# Checking/Savings Direct Deposit Authorization

CLIENT NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
EMPLOYEE NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

I authorize and request Fortune Business Solutions to make the following payroll deductions each pay period:

## ACCOUNT 1

I would like to

- SET UP A NEW DIRECT DEPOSIT ACCOUNT  
 CHANGE MY EXISTING DIRECT DEPOSIT ACCOUNT  
 CANCEL MY DIRECT DEPOSIT

Type of Account

- Checking Account  Savings Account

Type of Deposit

- Full Deposit - Direct deposit my entire net paycheck  
 Partial Deposit - Direct deposit the amount of \$ \_\_\_\_\_ (dollar amount only)

Account Information:

Name of Institution: \_\_\_\_\_  
ABA/Routing # \_\_\_\_\_ Account # \_\_\_\_\_

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## ACCOUNT 2

I would like to

- SET UP A NEW DIRECT DEPOSIT ACCOUNT  
 CHANGE MY EXISTING DIRECT DEPOSIT ACCOUNT  
 CANCEL MY DIRECT DEPOSIT

Type of Account

- Checking Account  Savings Account

Type of Deposit

- Full Deposit - Direct deposit my entire net paycheck  
 Partial Deposit - Direct deposit the amount of \$ \_\_\_\_\_ (dollar amount only)

Account Information:

Name of Institution: \_\_\_\_\_  
ABA/Routing # \_\_\_\_\_ Account # \_\_\_\_\_

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The authority is to remain in effect until Fortune Business Solutions receives written notification from me of its termination in such time and in such manner as to afford Fortune Business Solutions and the Financial Institution a reasonable opportunity to act accordingly.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: Please allow 3 (three) payroll cycles for account processing.**

**For Checking Accounts - Please attach a copy of a ""void"" check. Deposit Slips are not acceptable.**

**For Savings Account - Please attach a direct deposit form provided by your financial institution.**

**For Payroll Debit Card - Please disregard this form and complete the following two forms.**