USA Payroll Use Only
Client Number:
Employee Number:
PRS:
Date:
Verified By:

USA PAYROLL

Direct Deposit Employee Signup Form

Employee Instructions:

1. Complete the "Employee - Required Information" Section.
2. Complete the Direct Deposit, PayCard or both sections to specify where you want your earnings deposited.
3. Retain a copy of this form. Return the original to your employer.

Employer Instructions:

1. Complete the "Employer - Required Information" Section.
2. Return this form to USA Payroll to your Payroll Specialist.

I hereby authorize my employer, _____, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit my credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee - Required Information

(Please PRINT)

Employee Name: _____

Employer - Required Information

(Please PRINT)

Company Name: _____

Client Number: _____

Complete for Direct Deposit

I would like my earnings deposited to the following bank account(s):

Bank Account #1 ☐ **Checking** ☐ **Savings**	**Bank Account #2** ☐ **Checking** ☐ **Savings**
Bank Name:	**Bank Name:**
I wish to deposit (check one):	***I wish to deposit (check one):***
☐ Entire Net Pay	☐ _____% of Net Pay
☐ _____% of Net Pay	☐ Specific Dollar Amount $_____.00
☐ Specific Dollar Amount $_____.00	
Please attach one of the following (Check One).	***Please attach one of the following (Check One).***
☐ Voided Check (deposit slips are not accepted).	☐ Voided Check (deposit slips are not accepted).
☐ Bank letter or specification sheet. *	☐ Bank letter or specification sheet. *
* See your local bank representative.	* See your local bank representative.

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

Employee Signature: _____ Date: _____

Complete for Electronic Pay Stub

I would like to have my check stub sent to the following email address:

Electronic Check Stub Email Address: _____ Password: _____
(minimum of 4 letters or numbers)

Employee Signature: _____ Date: _____

Complete to Cancel Direct Deposit

Effective _____, I would like cancel direct deposit for the following account(s):

☐ **Checking (account # _____)** ☐ **% of Net Pay (account # _____)**
☐ **Savings (account # _____)** ☐ **Specific Dollar Amt (account # _____)**

Employee Signature: _____ Date: _____

Return this original form to your employer.

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