

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Please print legibly and complete all sections. Failure to do so may cause this form to be returned to you.

Employee Name: _____

Social Security Number: _____

Client Name: _____

Bank or Credit Union Information

Circle Either NET PAY or SPLIT PAY and fill in bank or credit union information

NET PAY: Represents TOTAL amount of Net Pay.

SPLIT PAY: Represents either a \$ amount or % of Net.

This is a CHECKING SAVINGS account.

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Bank Name: _____

Bank Name: _____

Bank Phone #: _____ State: _____

Bank Phone #: _____ State: _____

Account #: _____

Account #: _____

Routing & Transit #: _____

Routing & Transit #: _____

Amount of SPLIT Pay to this account \$ OR % _____

Please verify above information with your bank or credit union

You can have your pay split between up to 4 separate accounts

By signing this form you agree to the following:

- I authorize my employer to direct deposit my pay into the bank account specified above.
- this authorization is to remain in effect until my employer receives written authorization from me to change or terminate.
- I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. If sufficient funds are not available in my account, I authorize my employer to withhold such overpayment from one or more subsequent paychecks.

PLEASE NOTE:

1. It can take from 2 to 4 pay periods after receipt of your Direct Deposit form for your Direct Deposit to become effective.
2. If this form is a change in your current direct deposit, you may receive one to two actual checks while your new information is being processed.
3. Funds transferred by electronic transmission will normally post to the account on your pay date. However, some banks and credit unions may post up to 2 to 3 days after your pay date. Check with your bank or credit union.
4. You are responsible for verifying that your funds are deposited and available for use prior to writing checks or making withdrawals from your account.

Signature of Employee

Date

Please Attach Voided Check (DO NOT USE DEPOSIT SLIPS)