



CONTRACT PROFESSIONALS

Experts in Technical Staffing

Payroll Direct Deposit Authorization Form Instructions

Boxes In The Upper Right-Hand Corner Of Form: Check the applicable box. **To stop all direct deposits, check the stop box and sign and date the form.**

Boxes on the Left-Hand Side Of Form: Check the applicable box. **To stop a direct deposit on one or more accounts check the delete box and enter in all the old account information.**

Priority Number: Indicate which direct deposit account should receive funds first, second, or third.

Bank Routing Number and Account Number (example below): If you are not sure what these numbers are, contact your financial institution. Credit unions may not have the correct bank ID number and account number needed for direct deposit printed on their checks. If applying for direct deposit to a credit union, contact the credit union for the numbers and for the type of account to select.

The image shows a check stub with the following fields: Name (John & Jane Doe), Address (123 Nowhere Drive, City, State, Zip), Zip (1001), Date, Pay to the Order of, Amount (\$), Dollars, Memo, and MICR line (123456789 - 0123456789 - 1001). Red arrows point from the MICR line to labels: 'Bank Routing Number' points to '123456789' and 'Banking Account Number' points to '0123456789'.

Deposit Type: Select amount, balance or percent. Fill in the amount or percent(%). There must be one distribution with balance selected, or a distribution of 100%.

Account Type: Select account type, checking or savings.

Percent Of Net Pay Or Dollar Amount: Each direct deposit must have either a percent of net pay or a dollar amount, except for Deposit Type Balance.

Direct Deposit Distribution Examples :

Example 1: Priority 1 - 75% of net pay to checking, Priority 2 - 25% of net pay to savings, Priority 3 – Balance to same account as savings.

- If net pay is \$500.00, the checking deposit will be \$375.00 and the savings deposit will be \$125.00.
- Any excess balance will be deposited into the savings account.

Example 2: Priority 1 - \$300.00 to checking, Priority 2 - \$200.00 savings, Priority 3 – Balance to same account as checking.

- If net pay is \$500.00, the checking deposit will be \$300.00 and the savings deposit will be \$200.00.
- If net pay is \$550.00, the checking deposit will be \$350.00 and the savings deposit will be \$200.00.
- If net pay is \$100.00, the checking deposit will be \$100, and there will be no savings deposit.

***Please provide a Voided Check or Copy of Canceled Check to be used to activate your checking account(s) immediately. If we do not receive the voided or canceled check, we will send the banking information to the bank for "Pre-Notification." The pre-notification process takes two weeks to assure that the information is correct. If you are direct depositing into a savings account this will take 2 weeks for pre-notification. If you would like more than three accounts, please contact the Accounting Department at (248) 673-3800 for additional forms.**



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CONTRACT PROFESSIONALS PAYROLL DIRECT DEPOSIT & EXISTING PAY CARD AUTHORIZATION

New to direct deposit program Add/change/delete existing direct deposit Stop all direct deposit effective: _____

Employee ID			Employee name (last, first, middle initial)		Home Phone
Action	ACCOUNT TYPE*	Priority # (e.g. 1,2,3)	Routing Number* (9 digits)	Account Number* (up to 17 characters)	Deposit Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> PayCard				<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent % _____ <input type="checkbox"/> Balance
Effective Date			Financial institution (name, city, state)		
Action	ACCOUNT TYPE*	Priority # (e.g. 1,2,3)	Routing Number* (9 digits)	Account Number* (up to 17 characters)	Deposit Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> PayCard				<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent % _____ <input type="checkbox"/> Balance
Effective Date			Financial institution (name, city, state)		
Action	ACCOUNT TYPE*	Priority # (e.g. 1,2,3)	Routing Number* (9 digits)	Account Number* (up to 17 characters)	Deposit Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> PayCard				<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent % _____ <input type="checkbox"/> Balance
Effective Date			Financial institution (name, city, state)		
Remarks					

I authorize Contract Professionals and my financial institutions indicated above to initiate electronic credit entries (direct deposit) of the amounts I designated and if necessary, debit entries and adjustments for any credit entries made in error to my account(s) as I indicated above.

Authorized Signature: _____ **Date:** _____

Direct Deposit Delivery

US Mail Email (check one)

If you selected email, please provide appropriate email address below. You will receive your direct deposit notification via email by Wednesday of each week. Direct deposit notification email files are encrypted and require a password for security protection.

Email Address: _____