

## **Employee Direct Deposit Authorization**

Section 1: Employee Information				
Employee Name:		S.S.N	N.#	
Client Company:				
Section 2: Bank Information				
You may designate up to five (5) different acc to be deposited in each account.	ounts for direct dep	oosit. Please design	nate either a dollar amou	nt or percentage
Bank Name	Check/Savings	Routing #	Account #	Amount or Percentage
1				
2				
3				
4				
5				
Please attach a "voided" or cancelled check for each				
I attest that the above information is correct and agree transaction. By signing below you are giving Prime So		0	· · ·	
				USE USE ONLY** p:
<b>Employee Signature</b>		Date	Setup by:	
503 Med Court Suite #1	102 San Antonio, TX 78	3258 210.479.9400 Offi	ice 210.479.9403 Fax	

Employee Direct Deposit Authorization - English 08/22/08