



DIRECT DEPOSIT FORM

1) Complete your employee information. (Please Print)

Employee Name _____ Social Security Number XXX - XX - _____
 City / State: _____
 Employer / Client Name _____

2) PRIMARY ACCOUNT – Make election

2) ADDITIONAL ACCOUNT (Optional) – Make election

<input type="checkbox"/> New Account <input type="checkbox"/> Replace Existing Account <input type="checkbox"/> Stop Direct Deposit	<input type="checkbox"/> New Account <input type="checkbox"/> Replace Existing Account <input type="checkbox"/> Stop Direct Deposit
Financial Institution	Financial Institution
City, State	City, State
9 Digit Routing Number	9 Digit Routing Number
Account Number	Account Number
Amount \$ _____ or _____ % to be deposited to this account.	Amount \$ _____ or _____ % to be deposited to this account.
<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account

3) Sign, date, attach voided check(s) and return completed authorization form to your payroll contact.

I HEREBY AUTHORIZE EMPLOYERS RESOURCE AS PAYROLL AGENT TO INITIATE DEPOSITS (CREDIT) AND/OR CORRECTIONS TO PREVIOUS DEPOSITS TO THE FINANCIAL INSTITUTION(S) INDICATED. THE FINANCIAL INSTITUTION(S) ARE HEREBY AUTHORIZED TO CREDIT AND/OR CORRECT AMOUNTS TO MY ACCOUNT(S). This authority is to remain in full force and in effect until I either revoke it by forwarding a new Direct Deposit Authorization, or in the case of payroll deposits, upon final payment of moneys due in the event termination of employment. I understand that I can access my pay statement electronically and this may be the delivery method provided of my pay statement information.

Signature _____ Date ____/____/____

A COPY OF A VOIDED CHECK MUST BE ATTACHED

