



DIRECT DEPOSIT

PAYROLL AUTHORIZATION FORM

Complete your 1) employee information, 2) direct deposit elections, 3) sign and date, attach voided check(s) and return this form to your payroll contact.

1) Complete your employee information. (Please Print)

Employee Name _____ Social Security Number XXX - XX - _____

Employer / Client Name _____

2) PRIMARY ACCOUNT – Make election

New Account Replace Existing Account Stop Direct Deposit

Financial Institution _____

City, State _____

Phone () _____ - _____

9 Digit Routing Number _____

Account Number _____

Checking Account or Savings Account

2) ADDITIONAL ACCOUNT (Optional) – Make election

New Account Replace Existing Account Stop Direct Deposit

Financial Institution _____

City, State _____

Phone () _____ - _____

9 Digit Routing Number _____

Account Number _____

Amount \$ _____ or _____% to be deposited to this account.

Checking Account or Savings Account

New routing and / or account number requests require a minimum of two weeks to become effective. Requests to stop direct deposit, or change the amount / percentage will be effective on the first scheduled payroll after receipt by Employers Resource Management

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 ____/____/____

