



Effective Date of Change: _____

Client Name: _____

Control #: _____

EMPLOYEE DIRECT DEPOSIT ADD/CHANGE

EMPLOYEE INSTRUCTIONS:

Please provide your Name and the last four digits of the SSN for verification purposes. Enter your bank account information and select which proof documentation will accompany this registration form. Be sure to sign this form at the bottom and retain a copy for your records.

For the first pay cycle after registration, you will receive a live check while your bank account information is being verified in the required pre-note process.

EMPLOYEE IDENTIFICATION:

Employee Name: _____

Last 4 Digits SSN: _____

EMPLOYER USE ONLY:

Client Name: _____

Control #: _____

EMPLOYEE BANK ACCOUNT #1

ADD CHANGE DELETE

Bank Name _____

Account Type _____

CHECKING

SAVINGS

ABA Routing Number _____

Account Number _____

Deposit Options:

All Net Pay

Flat Dollar Amount = _____

Percentage of Net = _____

Required Proof:

Voided Check (no deposit slips)

Bank letter or specification sheet

EMPLOYEE BANK ACCOUNT #2

ADD CHANGE DELETE

Bank Name _____

Account Type _____

CHECKING

SAVINGS

ABA Routing Number _____

Account Number _____

Deposit Options:

All Net Pay

Flat Dollar Amount = _____

Percentage of Net = _____

Required Proof:

Voided Check (no deposit slips)

Bank letter or specification sheet

EMPLOYEE BANK ACCOUNT #2

ADD CHANGE DELETE

Bank Name _____

Account Type _____

CHECKING

SAVINGS

ABA Routing Number _____

Account Number _____

Deposit Options:

All Net Pay

Flat Dollar Amount = _____

Percentage of Net = _____

Required Proof:

Voided Check (no deposit slips)

Bank letter or specification sheet

My signature above authorizes my employer to make deposits into the above named account(s). I also herewith authorize my employer to initiate either paper or paperless debits for sums due to my employer for erroneous credits or deposits made to my bank account.

*****ATTACH COPY OF VOIDED CHECK*****

Employee Signature _____

Date _____