



DIRECT DEPOSIT FORM

Complete your employee information. (Please Print)

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

PRIMARY ACCOUNT – Mark selection

ADDITIONAL ACCOUNT (Optional) – Mark selection**

<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
**If an additional account is selected, the remaining dollar amount or percentage will be deposited into the primary account.	

Money Network Payroll Debit Card / Money Network Check

<input type="checkbox"/> New Account <input type="checkbox"/> Stop Account Amount \$ _____ or _____ % to be deposited to this 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 Professional Employer Services.

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

I HEREBY AUTHORIZE PROFESSIONAL EMPLOYER SERVICES 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 of termination of employment. I understand that I can access my pay statement electronically and this may be the delivery method provided for my pay statement information.

Signature _____ Date ____ / ____ / ____

