

Direct Deposit Authorization



Name: _____ Soc Sec #: _____ - _____ - _____

Client Company: _____

Name of Banking Facility		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Account Number	Dollar Amount \$ _____		
Routing Number	Percentage _____ %		

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Please Note: Funds transferred by electronic transmission normally post to accounts in two to three working days after the payroll is processed. Employee remains responsible for verifying that the funds are deposited, clear and are available prior to writing checks or debiting account versus any automatically transmitted amount.

*****VERY IMPORTANT: ANY HOLIDAY WHEN YOUR BANKING FACILITY IS CLOSED, PLEASE ALLOW ONE ADDITIONAL BUSINESS DAY FOR DIRECT DEPOSITS*****

VERY IMPORTANT
<p>Please attach one of the following, for <u>EACH</u> Direct Deposit:</p> <ol style="list-style-type: none"> 1. Checking Account: VOIDED CHECK or a copy of a check 2. Savings Accounts: VOIDED SAVINGS ACCOUNT SLIP - or - a BANK COURTESY LETTER stating: Your Name, SSN, Routing and Account Number, & Type of account 3. <u>YOU MUST BE A SIGNER</u> on any account you wish to Direct Deposit into <p>FAX TO: <u>727-682-0013</u> Attention: Paula</p> <p>Any Questions, please call Paula in Direct Deposits at 1-866-839-6113</p>

***Please allow two weeks for initial set-up (one week for any changes)**

I grant my employer the right to correct any electric funds transfer, resulting from an erroneous over payment, by debiting my account to the extent of such overpayment.

Signature: _____

Date: _____