



Employee Payroll Direct Deposit Authorization

For prompt processing, please print legibly and complete all sections of this form.

Employee name	Social Security number
Client name	Client number

- I hereby authorize my employer to directly deposit my pay into the bank account specified.
- This authorization is to remain in force until the company has received written authorization from me of its termination or change.
- Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. If sufficient funds are not available in my account, I authorize my employer to withhold such overpayment from one or more subsequent paychecks.

Please attach a voided check if you are not submitting this form electronically via online enrollment.

Financial Institution Information

Please check box if this is a change to your current account.

DISTRIBUTION #1: (100% - will transfer all funds)	DISTRIBUTION #2:
Bank name : _____	Bank name: _____
Bank phone #: _____ State: _____	Bank phone #: _____ State: _____
Account #: _____	Account #: _____
Routing and transit #: _____	Routing and transit #: _____
This is a <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS account.	This is a <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS account.
Amount: \$ _____ or Percentage: _____ %	Amount: \$ _____ or Percentage: _____ %

Please verify above information with your financial institution.

NOTE:

1. It can take from two to four pay periods after receipt of your direct deposit form for your direct deposit to become effective.
2. If this form is a change in your current direct deposit, you may receive one to two actual checks while your new information is being processed.
3. Please note that many financial institutions offer reduced or free checking to account holders with direct deposit. Please check with your financial institution for any discount they might offer.
4. Funds transferred electronically normally post to the account two banking days after the payroll is reported, but not prior to your pay date.
5. Employees are responsible for verifying that their funds are deposited and available for use prior to writing checks or debiting their account.

Signature of Employee (All Authorizations Must Be Signed)

Date

Please Attach Voided Check

And Return To: P.O. Box 25020

Bradenton, FL 34206

Fax: 1.888.735.9006