

Employee Direct Deposit and Paycard Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (not a deposit slip) unless applying for the Paycard, and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (it usually is not the number on a deposit slip). See example at bottom.

Company: _____ FEIN: _____ Client #: _____

Important! Employees please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. If you check the Paycard option below this information will be filled out for you. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. I also agree to the Paycard fees provided to me by my Employer. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ SSN: _____

Employee Signature: _____ Date: _____

Employee Account Information. (Last item must equal remaining balance. For more accounts, attach additional sheets).

<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account <input type="checkbox"/> Paycard
1. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ Or _____ % or <input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
2. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ Or _____ % or <input type="checkbox"/> Remaining Net Pay

Checking Account # (usually follows the Routing & Transit #)

John & Jane Doe
123 Your Street
Anywhere, USA 22345

2001

Pay To The Order Of _____

\$ _____

ATTACH VOIDED CHECK

DOLLARS

Check Number (is NOT needed to complete this form)

Routing & Transit # (9 digit number between these two symbols)

&012347678&

123456789/

/2001/

Attention Employers: Keep each copy of enrollment form on file as long as the employee is active and for two years afterward

Payroll Partners, Inc. Fax: 859-817-2283 Phone: 859-817-2280 www.payroll.partners

