



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:

Company Name: _____
Client #: _____

EMPLOYEE BANK ACCOUNT #1 **ADD** **CHANGE** **DELETE**

Bank Name _____ **Account Type** Checking Savings Money Market
ABA Routing # _____ **Account Number** _____

Deposit Options: All Net Pay **Required Proof:** Voided Check (no deposit slips)
 Flat Dollar Amount = \$____.00 Bank letter or specification sheet
 Percentage of Net = ____%

EMPLOYEE BANK ACCOUNT #2 **ADD** **CHANGE** **DELETE**

Bank Name _____ **Account Type** Checking Savings Money Market
ABA Routing # _____ **Account Number** _____

Deposit Options: All Net Pay **Required Proof:** Voided Check (no deposit slips)
 Flat Dollar Amount = \$____.00 Bank letter or specification sheet
 Percentage of Net = ____%

ATTACH VOIDED CHECK HERE

Employee Signature _____ **Date** _____

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.