



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

In order to receive Automatic Deposits, please complete the following information. For new enrollees and employees changing accounts, you must attach a voided personal check; if a savings deposit, please provide the proper routing number. Print clearly using a pen

Financial Institution (Bank) Information (For Direct Deposit Accounts Only) Please verify the ABA Routing Number, with your financial institution, for your Checking Account(s) (first 9 digits on your check) and for all other accounts. The employee is responsible for the accuracy of ABA Routing Number. Please allow 14 business days before receiving your first direct deposit.

Employer Information:	Company Name			Date of Hire
	Employee Name		Soc. Sec. #	Birth Date
Employee Information:	Street Address			Daytime Phone Number
	City	State	Zip Code	Home Phone Number
	Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Institution <input type="checkbox"/> Cancel Participation			
Financial Institution Information:	Financial Institution Name			Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Street Address			Bank Phone Number
	City	State	Zip Code	Deposit Amount \$ _____ _____ %
	Direct Deposit Routing/Transit No.		Account Number	
Financial Institution Information: (Use reverse side for additional institutions)	Financial Institution Name			Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Street Address			Bank Phone Number
	City	State	Zip Code	Deposit Amount \$ _____ _____ %
	Direct Deposit Routing/Transit No.		Account Number	
Permission to Deduct	<p>FOR NEW ENROLLMENTS AND CHANGES, A VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM. (TO VERIFY OF ROUTING/TRANSIT NUMBERS)</p> <p>I (we) hereby authorize Employers HR, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated below and the Financial Institution named below to credit and/or debit the same to such account. If I become subject to any attachment, garnishment, or levies, my participation in Direct Deposit may be terminated, and I will receive a check for my pay. In the event of an employee termination, the final pay may be a physical check. In order to cancel, you MUST provide written notice to Employers HR prior to payroll run with your name, SSN, and signature with the request to cancel. Employers HR will send Direct Deposits to arrive on your check date. Employers HR assumes no responsibility for when your banking institution credits funds to your account and reserves the right to override this authorization in accordance with your work site agreement.</p>			

Employee Signature

Date

www.employershr.net

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