



Employee Payroll Direct Deposit Authorization

Section I: Type of Enrollment Action
(Select one of the following)

- New Direct Deposit
- Change Direct Deposit
- Cancel Direct Deposit

Section II: Employee Information

Employee Name: _____
Social Security Number: _____
Client Name: _____

- ◆ I hereby authorize my employer to directly deposit my pay into the bank account (s) specified.
- ◆ I am attaching a **voided check** for the account (s) specified below. 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.

Section III: Financial Institution Information
(Please complete for New / Change in Direct Deposit Only)

Checking or Savings Account 1:	Checking or Savings Account 2:
Bank Name: _____	Bank Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Personal Account No.: _____	Personal Account No.: _____
Type of Account: (circle one) Checking Savings	Type of Account: (circle one) Checking Savings
Percentage Amount: _____ % Dollar Amount: \$ _____	Percentage Amount: _____ % Dollar Amount: \$ _____
Routing and Transit No. _____	Routing and Transit No. _____

Section IV – Important Information Relating to Direct Deposits

1. It can take **two or three pay cycles** after receipt of your authorization form for your Direct Deposit to become effective. All direct deposit will be run on a prenote status first to verify correct banking information. Employees are responsible for verifying that their funds have been direct deposited to his/her account.
2. The undersigned hereby agrees that their final check will not be direct deposited.
3. **Funds transferred by electronic transmission normally post to the account 1 to 3 banking days after payroll is processed. Employees remain responsible for verifying that their funds are deposited and available prior to writing checks or debiting their account (s).**

Signature of Employee (All Authorizations Must Be Signed)

Date

Please return this form with a voided check by fax or mail to the information below:
Mail: 6754 Willowbrook Park Drive, Suite 200, Houston, TX 77066 Fax: (281)398-1960