



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

ACCOUNT INFORMATION - If making a change, please indicate the type of change.			
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Account Type	<input type="checkbox"/> Account Number	<input type="checkbox"/> Add/ Delete Account
<input type="checkbox"/> Enrollment	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Request for Change (see below)	

I hereby authorize Employee Professionals herein after called 'the Company', to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any debit entries in error to my checking or savings account indicated below and the depository named below, hereinafter called 'Depository', to credit and/or debit the same to such account. As a result of the complexities involved with electronic funds transfer, your direct deposit amount may not be reflected in your account for up to two (2) days after your company's pay date.

Signature _____ Date _____

Bank Information (Please Print)

Bank Name	Routing	Account #	Account Type (Check One)	Amt or %
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

For Multiple Accounts, please utilize the following fields:

			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Employee Information (Please Print)

Employee Name	
Social Security #	
Client Company	

Please verify above information with your financial institution. NOTE: It can take from two weeks after receipt of your Direct Deposit form for your Direct Deposit to become effective. Employees are responsible for verifying that their funds have been direct deposited to his/her account.

You must include a copy of a voided personal check for direct deposit checking and/ or a savings slip for direct deposit savings.

Please fax this to Employee Professionals Payroll at 904-278-1198