EMPLOYEE DIRECT DEPOSIT DATA FORM

Employer Name:

Request Type: ☐ Add ☐ Change ☐ Cancel

Employee Number: Department:

Employee Last Name: First Name: M.I.:

ATTACH A VOIDED CHECK OR BANK DOCUMENTATION

Deposit accounts (complete only the rows you need):

Account 1 ☐ Checking ☐ Savings	Financial Institution / City, State / Routing Number	Account Number	$ or Net Pay
Account 2 ☐ Checking ☐ Savings	Financial Institution / City, State / Routing Number	Account Number	$ or Net Pay
Account 3 ☐ Checking ☐ Savings	Financial Institution / City, State / Routing Number	Account Number	$ or Net Pay
Account 4 ☐ Checking ☐ Savings	Financial Institution / City, State / Routing Number	Account Number	$ or Net Pay
Account 5 ☐ Checking ☐ Savings	Financial Institution / City, State / Routing Number	Account Number	$ or Net Pay

I authorize my employer (the “Company”) and its payroll processor, Payroll Solutions LLC, to deposit amounts owed to me by initiating credit entries to the financial institution account(s) identified above. I authorize the financial institution to accept and credit those entries. If funds are deposited in error, I authorize the Company to debit my account for an amount not exceeding the original erroneous credit. This authorization remains in effect until the Company and financial institution receive written notice of its termination in sufficient time to act on that notice.

Employee Signature: Date:

Complete electronically, save a copy, and return through the secure method provided by your employer.