

Application for Direct Deposit

Name (Print): _____ Company Name: _____

Employee Number: _____ Company Phone #: _____

Checking Account:

New Set-up STOP Deductions Change in dollar amount

Routing Number (9 Digits)	Account Number	Amount
Financial Institution Name	Financial Institution Address	Branch Phone Number

Savings Account:

New Set-up STOP Deductions Change in dollar amount

Routing Number (9 Digits)	Account Number	Amount
Financial Institution Name	Financial Institution Address	Branch Phone Number

I authorize the above named company, Payroll Data Services LLC, and the financial institution(s) listed above to initiate electronic entries and if necessary debit entries and adjust for any credit entries in error to my account(s) each payday. This authority will remain in effect until I cancel it in writing.

Signature

Date

YOU MUST ATTACH A VOIDED CHECK TO PUT THIS ORDER INTO EFFECT!!
(OR obtain written verification of your routing and account number from your financial institution.)