

CSR:
 NEXT: _____ RUN DATE: _____

Employee Direct Deposit Initiation/Change Form

Instructions:

Employee: Please fill out Employee required information, direct deposit information and sign form then return to your Employer along with the required documentation.

Employer: Please fill out the Employer required information (& Employer verification below if needed) and return to your payroll specialist.

Employee – Required Information

Employee Name: _____
 Employee Number: _____

Employer – Required Information

Client Name _____
 Client No: 33 – _____

New/Additional Account Change Account Change in Amount Other (please explain) _____

Complete for Direct Deposit

I would like my wages/salary deposited to the following bank account(s):



Routing Number	Type	Amount/Percent	Account Number
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

REQUIRED DOCUMENTATION FOR EACH ACCOUNT:

Voided Check for each checking/savings account

(We are unable to accept temporary or starter checks & Deposit slips are only accepted if the verbiage 'ACH R/T' appears before the routing number)

Bank letter or specification sheet (signed by a Bank Representative) for all other accounts *

**See your local bank representative*

Employer signature on verification statement below.

Please note: It is the employee's responsibility to verify deposits on a per pay period basis before writing checks against these funds. This authorization can take up to three (3) pay periods to activate. Neither your employer nor Advantage Payroll Services is responsible for bank errors or bank fees. You may cancel these Direct Deposit(s) at any time with verbal or written communication, including the use of this form.

Employee Signature _____ **Date** ___/___/___ **Return this original form to your employer.**

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature _____ (if employee doesn't have authority to authorize deposits to account)

EMPLOYER VERIFICATION FOR DIRECT DEPOSIT

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Advantage Payroll Services, Inc.

Employer Signature _____