



Your Advanced Business Partner

CHECKING/SAVINGS DIRECT DEPOSIT AUTHORIZATION

Client Name: _____ Date: _____

Employee Name: _____ SS#: _____

Department: _____ Position: _____

I authorize and request Advanced HR to make the following payroll deductions each pay period:

ACCOUNT 1 _____

I would like to:

- ☐ Set up a New Direct Deposit Account ☐ Change My Existing Direct Deposit Account
☐ Cancel My Direct Deposit

Type of Account:

- ☐ Checking Account* ☐ Savings Account

Type of Account:

- ☐ Full Deposit Direct deposit my entire net paycheck
☐ Partial Deposit Direct deposit the amount of \$ _____ (no percents)

Account Information:

Name of Institution: _____

Account #: _____ ABA/Routing #: _____

ACCOUNT 2 _____

I would like to:

- ☐ Set up a New Direct Deposit Account ☐ Change My Existing Direct Deposit Account
☐ Cancel My Direct Deposit

Type of Account:

- ☐ Checking Account* ☐ Savings Account

Type of Account:

- ☐ Full Deposit Direct deposit my entire net paycheck
☐ Partial Deposit Direct deposit the amount of \$ _____ (no percents)

Account Information:

Name of Institution: _____

: Account #: _____ ABA/Routing #: _____

The authority is to remain in effect until Advanced HR receives written notification from me of its termination in such time and in such manner as to afford Advanced HR and the Financial Institution a reasonable opportunity to act accordingly.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

NOTE: Please allow 3 (three) payroll cycles for account processing.
For Checking Accounts - Please attach a copy of a "void" check. Deposit Slips are not acceptable.
For Savings Account - Please attach a direct deposit form provided by your financial institution,
For Pay Cards - Please attach a copy of your enrollment form.