



DIRECT DEPOSIT FORM

Client Name _____ Date _____

Employee Name _____ Social Security Number _____

Type of Account	Routing/Transit Number	Checking/Savings Account Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

PLEASE ATTACH A VOIDED CHECK(S)

I authorize _____, hereafter referred to as Employer and/or The Payroll Shoppe, LLC, to initiate credit entries and to initiate, if necessary, debit entries and adjustments to any credit entries in error or Employer default, on my account identified as and held at the Bank named above, and I authorize that such account exists and that the Bank can make deposits without responsibility for correctness of such amounts.

My authorization will remain in effect until I give written notice to terminate this authorization to my Employer in sufficient time and manner as to allow my employer to act upon it. In addition, either my Employer or the financial institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided my Employer with a copy of a voided check solely for the purpose of verifying the above information of my account number and the financial institution's routing number.

Employee's Signature _____