



DIRECT DEPOSIT FORM

1. Complete your employee information (Please Print)	
Employee Name:	Social Security Number: XXX - XX -
City:	State:
Employer/Client Name:	
2. Primary Account – Make election	2. Additional Account (Optional) – Make election
<input type="checkbox"/> New Account <input type="checkbox"/> Replace Existing Account	<input type="checkbox"/> New Account <input type="checkbox"/> Replace Existing Account
<input type="checkbox"/> Stop Direct Deposit	<input type="checkbox"/> Stop Direct Deposit
Financial Institution:	Financial Institution:
City, State	City, State
9 Digit Routing Number	9 Digit Routing Number
Account Number	Account Number
Amount \$ or %to be deposited to this account	Amount \$ or %to be deposited to this account
<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account
<input type="checkbox"/> I would like my pay stubs emailed to me. Email Address: _____	
Money Network Payroll Debit Card/ Money Network Check	
<input type="checkbox"/> New Account <input type="checkbox"/> Stop Account Amount \$ _____ or _____ % to be deposited to this account	
New routing and / or account number requests require a minimum of two weeks to become effective. Requests to stop direct deposit, or change the amount / percentage will be effective on the first scheduled payroll after receipt by Employers Resource Management	
3. Sign, date, attach voided check(s) and return completed authorization form to your payroll contact.	
I HEREBY AUTHORIZE EMPLOYERS RESOURCE AS PAYROLL AGENT TO INITIATE DEPOSITS (CREDIT) AND/OR CORRECTIONS TO PREVIOUS DEPOSITS TO THE FINANCIAL INSTITUTION(S) INDICATED. THE FINANCIAL INSTITUTION(S) ARE HEREBY AUTHORIZED TO CREDIT AND/OR CORRECT AMOUNTS TO MY ACCOUNT(S). This authority is to remain in full force and in effect until I either revoke it by forwarding a new Direct Deposit Authorization, or in the case of payroll deposits, upon final payment of moneys due in the event termination of employment. I understand that I can access my pay statement electronically and this may be the delivery method provided of my pay statement information. Undersigned agrees to comply with all NACHA rules and regulations including subsection 2.2.2.1 and 2.2.2.2. and gives Employers Resource the right to originate entries on undersigned's behalf under such rules and regulations. Undersigned agrees not to provide information resulting in ACH transaction or transactions originated that would violate the laws of NACHA and the United States. Undersigned agrees to allow Employers Resource or Bank to audit compliance with NACHA rules and this agreement.	
Signature _____ Date _____	

