

PREMIER PAYROLL & HR SOLUTIONS – DIRECT DEPOSIT FORM

1. Financial Institution: _____

Bank Transit/Routing Number: _____

Account #: _____

Account type: ___ Checking ___ Savings

Amount: ___ Net Pay Flat Amount \$ _____

2. Financial Institution: _____

Bank Transit/Routing Number: _____

Account #: _____

Account type: ___ Checking ___ Savings

Amount: ___ Net Pay Flat Amount \$ _____

Note: Left over funds will result in a paper check

Authorization Agreement For Direct Deposit of Payroll

By signing this form, I allow my company to initiate debit and/or credit entries to my account(s) indicated above as well as the financial institution to credit the same to such accounts. This authority is to remain in effect until my employer receives written notice of a change or termination of this agreement.

Name (Print): _____

Signature: _____ Date: _____

Name of Employer: _____

Please attached a voided check, a savings deposit slip or a print out from your bank to insure accuracy. You are allowed to have up to 4 accounts listed on your setup. Please fill out forms in order of money being deposited.