

HR Payroll Experts Direct Deposit Form

Send Completed form to payrollsupport@hrpayrollexperts.com

Authorization Agreement

Company: _____

Date: _____

Name: _____

Employee ID: _____

By completing this form, you consent HR Payroll Experts to deposit your wages, minus applicable taxes & deductions, directly into your bank account on a weekly/bi-weekly/monthly basis. This form is not valid without the signature of the accountholder.

TYPE OF TRANSACTION: <input type="radio"/> Start <input type="radio"/> Add <input type="radio"/> Change <input type="radio"/> Cancel For Add/Change: 1 st _____% or \$ _____	TYPE OF ACCOUNT: <input type="radio"/> Checking <input type="radio"/> Savings _____ ACCOUNT NUMBER	Routing Numbers - Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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Employee Email Address For Employee Self Service (please print)

<p>Staple Your Voided Check or MICR-Specification Sheet Here</p>
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Submit a voided check for our processing and verification.