



EMPLOYERS OUTSOURCING INC.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

Company: _____

I authorize my employer to deposit my wages/salary into the bank accounts specified below. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority to authorize my employer to make direct deposits into the named account. This form along with proper documentation **MUST** be complete in order to process.

Be aware that your direct deposit can take up to 4 weeks to activate after the date of receipt.

Banking information: _____

Print Employee Name: _____

Last 4 digits of Employee's Social Security Number: _____

Account Number: _____

Routing Number: _____

Check one: Checking Account Savings Account

Check one or enter amount: Full Amount Percentage _____ % Flat Amount \$ _____

One of the following is required to process this enrollment (check one):

☐ **Voided check with name imprinted (no starter checks)**

☐ **Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)**

☐ **Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)**

Effective Date: _____

Employee Signature: _____

Authorized Signature: _____

Date: _____

**REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR
PRINTED NAME ON IT HERE.
IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A
COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.**