

Employee Direct Deposit Enrollment Form

Attach Voided Check Here



Routing/Transit #
 A 9 digit number always between these 2 marks, numbers starting with a 5 are not valid for direct deposit.

Checking Account #

Check Number
 This number matches the number in the upper right corner of the check. This information is not needed.

In order to ensure proper processing of your enrollment it is recommended that you attach a voided **CHECK** to this form. If you are unable to attach a voided check please ensure that you provide the correct account information on this form. **Please note that deposit slips may not provide the proper information for direct deposit**, please provide your account information as provided on a check or by asking your bank.

Direct Deposits can only be made for the full amount of your pay into a single account. We are not able to split your deposit up between accounts or issue part of your pay by check. Your paystub will be made available for pickup in our local office. If offered by your branch office you may make arrangements for your pay stub to be delivered to the worksite or mailed to your home.

Important! Please read and sign before completing and submitting.

I authorize Personnel Source, Inc. to automatically deposit my payroll check into my account listed below, this includes authorization to correct any entries made in error. I understand that if I do not attach a voided check and if the account information listed by me below is incorrect Personnel Source will not be able to re-issue payment to me until Personnel Source receives notice that the deposit was returned by their bank. This authorization will remain in effect until I give written notice to cancel it.

Employee Name: _____ Social Security #: ____ - ____ - ____

Employee Signature: _____ Date: _____

Account Information Account Type (Mark One): Savings Checking Please cancel my direct deposit

Bank Name: _____

Routing Number: _____ Account Number: _____

Routing numbers beginning with a 5 are NOT valid for direct deposit

Office Use Only

Branch Office Approval _____ Branch City: _____

Received ___/___/___ Entered By: _____ on ___/___/___ Rev 02/09/12