



## EMPLOYEE DIRECT DEPOSIT AGREEMENT

\*ALL FIELDS MUST BE COMPLETED OR CHANGES WILL NOT BE PROCESSED\*

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Account 1	Bank Name: _____	Amount: _____	\$ or %
	Routing #: _____	Savings: _____	
	Account # _____	Checking: _____	
Account 2	Bank Name: _____	Amount: _____	\$ or %
	Routing #: _____	Savings: _____	
	Account # _____	Checking: _____	
Account 3	Bank Name: _____	Amount: _____	\$ or %
	Routing #: _____	Savings: _____	
	Account # _____	Checking: _____	
Account 4	Bank Name: _____	Amount: _____	\$ or %
	Routing #: _____	Savings: _____	
	Account # _____	Checking: _____	

\*\*A voided check, bank letterhead, or account screen shot **must** be attached for all accounts included on this direct deposit agreement\*\*

I authorize Professional Payroll Services, Inc's said institution, and the financial institutions listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries, which were incorrectly funded by any person or for any processing activities by said Bank Institutions. This authorization will remain in effect until written notice of cancellation.

Employee Signature: \_\_\_\_\_

Employee Name (please print): \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_

Company Representative Name (Please print): \_\_\_\_\_

Company Representative Title (Please print): \_\_\_\_\_

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**PPSI USE ONLY:** *If there is a direct deposit change*

Telephone verification with client DATE: \_\_\_\_\_ Client # \_\_\_\_\_

Verified: YES NO \_\_\_\_\_

Processor Name: \_\_\_\_\_

Processor Signature: \_\_\_\_\_

Payroll Mgr Signature \_\_\_\_\_