

# Payroll Service Solutions

## EMPLOYEE SIGN UP FOR DIRECT DEPOSIT

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

I hereby authorize Payroll Service Solutions, hereto known as Company; to initiate credit entries to the account(s) below and authorize the financial institution named below to post those entries to the account(s). Company may initiate charges to the account(s) only to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Company has received written notification from me (us) of its cancellation in such time and in such manner as to afford Company a responsible opportunity to act upon it.

Is this a:

\_\_\_\_\_ **New Direct Deposit**    \_\_\_\_\_ **Change to Current Direct Deposit**    \_\_\_\_\_ **Cancellation**

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

Social Security Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Please deposit my net pay to the following:

- Total Net Pay to Checking Account \_\_\_\_\_
- Total Net Pay to Savings Account \_\_\_\_\_
- Fixed Percentage to Savings,  
Balance of Net Pay to Checking Account \_\_\_\_\_  
Percentage to Savings \_\_\_\_\_%

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Signature If Joint Account

**NOTE: A COPY OF A VOIDED CHECK AND/OR SAVINGS DEPOSIT SLIP (PRE-PRINTED) IS REQUIRED FOR YOUR DIRECT DEPOSIT TO BE SET UP.**