



Payroll Direct Deposit Authorization (REQUIRED)

Check one of the following: Start Stop Add/Change Account

Employee Name: _____ **SSN (Last 4 digits):** _____

Worksite Employer: _____

Desired Effective Date: As Soon As Possible Future Pay Date: ____ / ____ / ____

I hereby authorize Servant HR to initiate credit or debit entries to my account with the Financial Institution(s) listed below. This authority is to remain in full force and effect until Servant HR has received written notification from me of its termination, in such time and in such manner as to afford Servant HR and the Financial Institution(s) a reasonable opportunity to act on it.

	Account #1		Account #2		Account #3	
Routing Number						
Account Number						
Account Type	Checking	Savings	Checking	Savings	Checking	Savings
Amount or %	Net		Net		Net	
Bank Name						
Bank City/State						
Bank Phone #						

***** *For additional accounts, please attach separate sheet* *****

Note: Funds transferred by electronic transmission normally post to accounts one to two banking days after payroll is processed. Employees remain responsible for verifying that their funds are deposited, clear and available, prior to writing checks or debiting account. **Always examine pay stub to verify money will be deposited and you have not received a "live" check.** Also, note that your first and last paycheck may not be direct deposit.

Employee Signature _____ **Date** _____

ATTACH VOIDED CHECK SLIP HERE 0001

Address _____ 19 _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

Memo _____

signature _____

028809525 1157650295085 * 0001

Routing Number Account Number Check Number