

USA Payroll Use Only
Client Number:
Employee Number:
PRS:
Date:
Verified By:



Direct Deposit
Employee Signup Form

Employee Instructions:

1. Complete the "Employee - Required Information" Section.
2. Complete the Direct Deposit, PayCard or both sections to specify where you want your earnings deposited.
3. Retain a copy of this form. Return the original to your employer.

Employer Instructions:

1. Complete the "Employer - Required Information" Section.
2. Return this form to USA Payroll to your Payroll Specialist.

I hereby authorize my employer, _____, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit my credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee - Required Information (Please PRINT)
Employee Name: _____
Social Security Number: ____/____/____

Employer - Required Information (Please PRINT)
Company Name: _____
Client Number: _____

Complete for Direct Deposit

I would like my earnings deposited to the following bank account(s):

Bank Account #1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Account #2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:	Bank Name:
<i>I wish to deposit (check one):</i>	<i>I wish to deposit (check one):</i>
<input type="checkbox"/> Entire Net Pay	<input type="checkbox"/> ____% of Net Pay
<input type="checkbox"/> ____% of Net Pay	<input type="checkbox"/> Specific Dollar Amount \$____.00
<input type="checkbox"/> Specific Dollar Amount \$____.00	
Please attach one of the following (Check One).	Please attach one of the following (Check One).
<input type="checkbox"/> Voided Check (deposit slips are not accepted).	<input type="checkbox"/> Voided Check (deposit slips are not accepted).
<input type="checkbox"/> Bank letter or specification sheet. *	<input type="checkbox"/> Bank letter or specification sheet. *
* See your local bank representative.	* See your local bank representative.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Complete to Cancel Direct Deposit

Effective _____, I would like cancel direct deposit for the following account(s):

- Checking (account # _____) % of Net Pay (account # _____)
- Savings (account # _____) Specific Dollar Amt (account # _____)

Employee Signature: _____ Date: _____

Return this original form to your employer.