



# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

## INSTRUCTIONS



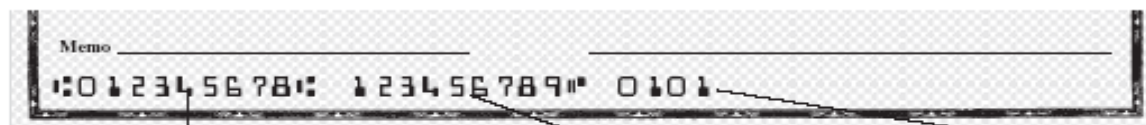
* Use only BLUE or BLACK ink	* Check all appropriate boxes
* Alterations must be initialed	* <b>EMPLOYEE MUST ATTACH A VOIDED CHECK</b>
* Indicate whether you wish to: <input type="checkbox"/> Set up a new Direct Deposit account, or <input type="checkbox"/> Cancel the current Direct Deposit.	

## EMPLOYEE IDENTIFICATION

Name	Home Phone Number
Email address where deposit notification can be sent (if email address is provided no other notification will be sent).	
Mailing address where deposit notification can be mailed (if email address is provided no notification will be mailed via USPS).	

## FINANCIAL INSTITUTION

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**Routing/Transit #**  
(A 9-digit number always between these two marks)

**Checking Account #**

**Check #**  
(this number matches the number in the upper right corner of the check— not needed for sign-up)

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

**Primary Account** \*All Non Payroll reimbursements will be deposited into your primary account

Financial institution name	City	State	Dollar Amount or Net Amount
Routing / Transit number	Account number	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

## Secondary Account

Financial institution name	City	State	Dollar Amount or Net Amount
Routing / Transit number	Account number	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

## AUTHORIZATION

I authorize Professional Placement Resources, LLC and its payroll provider to deposit by electronic transfer payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Professional Placement Resources, LLC and its payroll provider shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repeated.

Authorized signature

Date