

ADVANTAGE[®]

PAYROLL SERVICES

Direct Deposit Signup/Change Form

WORKER – REQUIRED INFORMATION

PLEASE PRINT IN BLACK INK ONLY

Worker Name _____

Employee Number _____

WORKERS: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your payroll specialist.

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT – PLEASE PRINT IN BLACK INK ONLY

Bank Account Number*	Type of Account	Financial Institution (“Bank”) Name	Deposit Type (check one):	Change My Deposit Amount to:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage “ACH R/T” appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

Note: The authorization can take up to three (3) pay periods to activate.

WORKER CONFIRMATION STATEMENT

PLEASE PRINT IN BLACK INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Worker Signature _____ **Date** _____

Accountholder Signature _____

(if worker’s name does not appear on bank documentation)

EMPLOYER SECTION ONLY

PLEASE PRINT IN BLACK INK ONLY

Company Name _____

Service Location/Client Number _____

Federal ID Number (last 4 digits) ____ _

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Advantage Payroll Services, Inc.

Employer Signature _____ **Date** _____

Advantage Use Only

CSR _____ Ext. _____
Run Date _____