



Employee Direct Deposit Initiation/Change Form

CSR _____ CLIENT# _____ EMPLOYEE# _____
 EXT _____ RUN DATE _____

This form is to be used for employees new to the Direct Deposit service. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

Employee Instructions:

1. Complete the employee required information section
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. 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 your local Advantage Office

Employee – Required Information

Please Print

Employee Name: _____

Employee Number _____

Employer- Required Information

Client Name: _____

Branch/Client No: _____

New/Additional Account Change Account

Complete for Direct Deposit

I would like my wages/salary deposited to the following bank account(s):

Bank Name	Type	Amount	Account Number
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

REQUIRED DOCUMENTATION FOR EACH ACCOUNT: (we are unable to accept deposit tickets)

- Voided Check for each checking account**
 Bank letter or specification sheet for all other accounts *

**See your local bank representative*

Please note: It is the employee's responsibility to verify deposits on a per pay period basis before writing checks against these funds. This authorization can take up to three (3) pay periods to activate. Neither your employer nor Advantage Payroll Services is responsible for bank errors or bank fees. You may cancel these Direct Deposit(s) at any time.

Employee Signature _____ Date ___/___/___ **Return this original form to your employer**