



## Direct Deposit Enrollment/Change Form

Company Name \_\_\_\_\_ Client Number \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_

**EMPLOYEE/WORKER:** Retain a copy of this form for your records. Return the original to your employer.

**EMPLOYERS:** Return this form to PayDay. For clients using on-line services, please retain a copy of this document for your records.

**COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY**

Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay

**One of the following is required to process this enrollment (check one):**

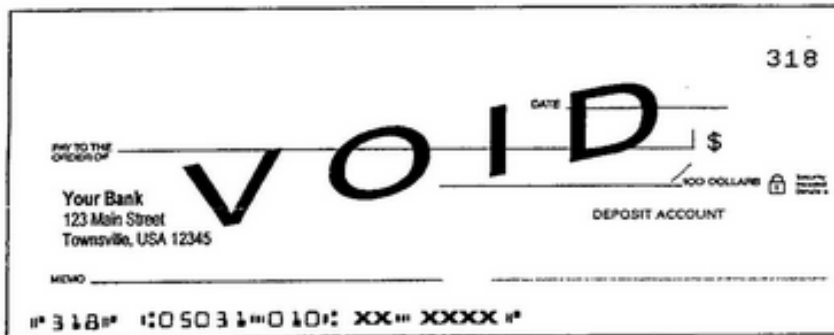
- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by PayDay, Inc.

**Employer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please attach a personal check with the word "void" written across the face of it. Do not sign the check*



I authorize my employer to deposit my wages/salary into the bank accounts specified above, along with sending credit entries and appropriate debit and adjustment entries. I agree that direct deposit transactions I authorize comply with all applicable law. 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.

**Employee/Worker Signature** \_\_\_\_\_ **Date** \_\_\_\_\_