

## **APPLICATION FOR DIRECT DEPOSIT**

Employee Name			
Social Security Number Employee Number (indicated on page	ayroll check stub)		
Worksite Location (your employer	)		
Check here if you will be using multiple ac	counts Please use sepa	rate applications for each account	t.
Bank Name			
Bank Address			
Branch Name			
City	<u>State</u>	Zip	
Telephone			
Bank Transit (or Routing) Number (will	be 9 digits)		
Bank Account Number	Checkir	ng or Savings	
Amount to be deposited \$	_or %	Max \$ limit of deposit	
Please call your bank to obtain your <u>correc</u> from the time Payroll USA, Inc. receives you application could cause delays. Funds trant <u>this may vary due to individual bank pro</u> deposited, cleared and are available prior to I authorize Payroll USA, Inc. to deposit <u>constant</u> changes to or termination of this agreement deposit be necessary, I authorize Payroll USA	our application until your dir sferred by electronic transmi <u>ocessing rules.</u> Employee re o writing checks or debiting l % of my paycheck into t must be provided to Payrol	rect deposit will take effect. Incom- ission should post to your account emains responsible for verifying th his/her account. o the account at the above specifie 1 USA, Inc. <b>in writing</b> . Should an	rect information on this on your paydate, <u>however</u> at payroll funds are d financial institution. Any
Employee Signature		Date	
<b>INSTRUCTIONS TO EMPLOYEE:</b> <b>PLEASE ATTACH A VOIDED CHECH SLIPS WILL BE ACCEPTED FOR DIF</b> APPLICATIONS SHOULD BE FAXED O BELOW. APPLICATIONS ARE SUBJECT	<b>X FROM YOUR CHECKI</b> RECT DEPOSITS INTO SA DR MAILED TO PAYROLL	NG ACCOUNT TO THIS APPL AVINGS ACCOUNTS ONLY L USA, INC., AT THE NUMBERS	ICATION. DEPOSIT
Verified Routing Verified Account	nt First Prenote Date	e	
BalanceFixed Entered OnBy	Percent	Limit	_
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