

Direct Deposit Bank Account Initiation/Change Form

This form is to be used for employees 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 sections to specify where you want your pay deposited
3. Sign the bottom of this form.
4. Retain a copy of this form. Return the original to your employer,
5. Changes to EXISTING Direct Deposit should be Faxed to 770-967-9995 or 706-543-5831

EMPLOYEE – Required Information
<small>Please Print</small>
Employee Name _____
SSN # _____
New or Additional Account Change Account

Employer Instructions

1. Complete the employer required information section.
2. Return this form **Time Plus Payroll Services**.

EMPLOYER – Required Information
<small>Please Print</small>
Client Name _____
Location Name _____
Federal ID No. _____

Complete for DIRECT DEPOSIT

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

Bank Account #1 Checking Savings

Bank Account #2 Checking Savings

Bank Name _____

Bank Name _____

I wish to Deposit (check one):

I wish to Deposit (check one):

Entire Net Pay

Entire Net Pay

_____% of Net

_____% of Net

Specific Dollar Amount \$ _____ .00

Specific Dollar Amount \$ _____ .00

Please attach one of the following (check one).

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Voided Check (NO DEPOSIT SLIPS)

Voided Check

Bank Letter or specification sheet*

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**See your local bank representative*

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I, _____ (Employee) hereby authorize Time Plus Payroll Services, to initiate credit entries to my checking/savings accounts at the financial institution listed above, and if necessary, debit entries and adjustment for any credit entries in error to my account(s). This authority will remain in effect until I have cancelled it in writing and Time Plus and the financial institution have a reasonable opportunity to act on it.

Signature: _____

Date: _____

Print Name: _____