

Direct HR Services, Inc.

Your complete human resource company

A Professional Employer Organization

Direct Deposit Form

Worksite Employer: _____

Employee Name: _____

Employee Social Security No: _____

New Request Change Request

Bank Routing Number: _____

Account Number: _____

Please attach a voided check or copy of check

Type: Checking Savings

Amount: Entire Pay

Percentage of Pay

Specific Amount

New Request Change Request

Bank Routing Number: _____

Account Number: _____

Please attach a voided check or copy of check

Type: Checking Savings

Amount: Entire Pay

Percentage of Pay

Specific Amount

I/we authorize Direct HR Services to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated above. Further, I authorize Bank to accept and to credit any credit entries to my account. In the event that Direct HR Services deposits funds erroneously into my account, I authorize them to debit my account for an amount not to exceed the original amount of the erroneous credit. I understand that these deposits may be an advance of funds on behalf of my employer and are subject to the successful collection of these funds by Direct HR Services. If, within 30 days of making the deposit, my employer does not make the funds available to Direct HR Services, I authorize Direct HR Services to charge my account to recover this advance. I agree to hold Direct HR Services harmless from loss and to indemnify it, limited to the amount of the deposit(s).

Employee Signature: _____ Date: _____