HR TECHNOLOGY SOLUTIONS, LLC

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE: _____ **SSN:** _____ **CLIENT:** ____MLC_____

ENROLLMENT ☐ **CHANGE** ☐

If depositing to a Checking Account, attach a copy of a **VOIDED CHECK** (not a deposit slip) for EACH new account which shows the account number and bank routing number for EACH financial institution. If depositing to a Savings Account, ask your bank for the routing/transit number for your account. It's usually not the same number as on the deposit slip:

IT IS THE RESPONSIBILTY OF THE EMPLOYEE TO ASSURE THAT THIS FORM IS COMPLETE AND CORRECT.

DEPOSIT NET AMOUNT ☐ **STOP** ☐ **START** ☐

TYPE OF ACCOUNT: **CHECKING** ☐ **SAVINGS** ☐

ABA ROUTING NUMBER: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ACCOUNT NUMBER: _____

BANK NAME: _____

ADDRESS: _____

CITY/STATE /ZIP: _____

DEPOSIT PARTIAL AMOUNT $_____ **STOP** ☐ **START** ☐

TYPE OF ACCOUNT: **CHECKING** ☐ **SAVINGS** ☐

ABA ROUTING NUMBER: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ACCOUNT NUMBER: _____

BANK NAME: _____

ADDRESS: _____

CITY/STATE /ZIP: _____

DEPOSIT PARTIAL AMOUNT $_____ **STOP** ☐ **START** ☐

TYPE OF ACCOUNT: **CHECKING** ☐ **SAVINGS** ☐

ABA ROUTING NUMBER: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ACCOUNT NUMBER: _____

BANK NAME: _____

ADDRESS: _____

CITY/STATE /ZIP: _____

AUTHORIZATION:

I hereby authorize my employer to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above. The Bank(s) named above have my authorization to credit and/or debit the same such account(s).

This authority is to remain in full force and effect until the employer has received written notification from me of its termination in such time and in such a manner as to afford the employer reasonable opportunity to act on it or until my employment is terminated for any reason.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Voided Check Attached (Y/N) Verified by:_____

Attn: Payroll Manager: Employers must keep this original on file for as long as the employee is using DD and for 2 years thereafter.

(WELS Use Only) Entered By: _____ ***Date:*** ___/_____/____