

Employ Source, Inc.  
1770 Park Street, Suite 208  
Naperville, IL 60563

## DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize my employer to direct deposit my paycheck into the bank account referenced below. I am attaching a voided check for the specified account.

In the event of a direct deposit resulting in an over payment, my employer has the authorization to correct any erroneous Electronic Funds Transfer.

Effective Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security # (Last 4 Digits): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please check if you wish to receive electronic stubs only

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Checking Account #: \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Savings Account # : \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Transit ABA / Routing # \_\_\_\_\_

NOTE: THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL EMPLOY SOURCE, INC. RECEIVES WRITTEN NOTICE OF TERMINATION FROM EMPLOYEE LISTED ABOVE.

DATE RECEIVED: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

For multiple Financial Institutions, please complete page 2.

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Checking Account #: \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Savings Account # : \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Transit ABA / Routing # \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Checking Account #: \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Savings Account # : \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_

Transit ABA / Routing # \_\_\_\_\_