




Direct Deposit Authorization – To be completed by the Employee

This form authorizes CHOICE HR to deduct the net amount of your pay and deposit the funds into the bank that you indicated below. All requests that are being made into a checking account will include a voided check or photo copy of an original check. A letter from your bank or financial institution will be accepted as well. A deposit slip is not valid for checking accounts. All requests that are being made into a savings account will include a voided deposit slip or photo copy of an original deposit slip. Failure to provide these documents will result in non-processing. You can make up to three (3) different deposits for each pay period. Please use additional forms if needed. All checks issued in your name will be allocated according to the information provided below unless otherwise notified.

Client Company	_____
Employee Name	_____
Social Security #	_____

Type of Request	<input type="checkbox"/> New	<input type="checkbox"/> Change existing	<input type="checkbox"/> Cancel Existing
	Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank or Financial Institution Name	_____		
ACH Routing Number	_____		
ACH Account Number	_____		
Amount or Percentage of Net Pay	_____ %	OR	_____ \$

Type of Request	<input type="checkbox"/> New	<input type="checkbox"/> Change existing	<input type="checkbox"/> Cancel Existing
	Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank or Financial Institution Name	_____		
ACH Routing Number	_____		
ACH Account Number	_____		
Amount or Percentage of Net Pay	_____ %	OR	_____ \$

RAPID! Pay Card (Provided Free by CHOICE HR)			
Type of Request	<input type="checkbox"/> New	<input type="checkbox"/> Change existing	<input type="checkbox"/> Cancel Existing
		<input type="checkbox"/> Yes! Please issue a Rapid! MasterCard branded pay card and deposit my wages according to allocation below. Choice HR will activate the account and set up automatic payments to my card.	
Amount or Percentage of Net Pay	_____ %	OR	_____ \$

Please attach voided check or deposit slip for savings accounts here.
 (A letter or any other documentation from your financial institution that contains the ABA routing number and account number will also be accepted. Failure to provide documentation will result in non-processing of your request.)

By signing below I am authorizing CHOICE HR to deposit my pay into the bank accounts listed above. I understand that it is my responsibility to notify CHOICE HR or my Worksite Employer of any changes to my bank accounts at least 5 days before my next pay date. I also agree that should the wrong amount be deposited into my bank account at any time for any reason, CHOICE HR has the right to debit the above bank accounts for the erroneous amount. If this amount is not in my bank account at the time of this debit, I agree to pay the erroneous amount to CHOICE HR.

EMPLOYEE SIGNATURE _____

DATE _____