



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

6425 Old Plank Road/Suite 111
High Point, NC 27265
[tel] 336-885-5056
[fax] 336-885-5080
www.PayrollMadeEasy.com

NEW CHANGE TERMINATE (CHECK ONE)

Company Name: _____ **Company ID:** _____

Employee Name: _____ **Social Security Number:** _____

I hereby authorize my employer in conjunction with Payroll Solutions, Inc. to initiate credit entries, and, if necessary, debit entries for any erroneous credit entries, to my account(s) indicated below, and the financial institution(s) named below, to credit and/or debit the same to such account(s). I have attached proof of the account(s) I want credited.

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ **or** _____ **% of Net Pay**

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ **or** _____ **% of All Remaining**

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ **or** _____ **% of All Remaining**

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ **or** _____ **% of All Remaining**

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ **or** _____ **% of All Remaining**

Employee Signature: _____ **Date:** _____

YOU MUST ATTACH A VOIDED CHECK (OR OTHER PROOF) FOR EACH ACCOUNT