



# Employee Direct Deposit Agreement

- New Account
- Account Change

Date: \_\_\_\_\_ Company ID#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Customer Service Representative: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (employer) to have my paycheck or a portion of my paycheck deposited directly into the following account. I understand that it is my responsibility to verify that the funds have been deposited into my account before I attempt to draw funds from the referenced account.

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

Name(s) on Account: \_\_\_\_\_ | \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

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

Deposit Amount: \_\_\_\_\_ \$ or % \_\_\_\_\_

**Please be advised that:**

- It may take up to two (2) pay cycles before your paycheck is deposited in to your bank account. During this time you will receive a live paycheck.
- If you make a change to your bank account, you will receive a live paycheck for two (2) pay cycles. If your check continues to be deposited in your old account, please contact your Client Service Representative.
- Cancellation of your direct deposit agreement, will take effect in the next pay cycle. There may be a one (1) day delay based upon the date that Accuchex receives your request. If your check continues to be deposited in your account, please contact your Client Service Representative.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE INFORMATION AND  
RETURN THIS FORM TO  
YOUR CLIENT SERVICE REPRESENTATIVE  
WITH A COPY OF EMPLOYEE'S VOIDED OR CANCELED CHECK**