



Direct Deposit Enrollment/Change Form

Company Name _____ Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to PayDay. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY				
Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay

One of the following is required to process this enrollment (check one):

Voided check with name imprinted (no starter checks)

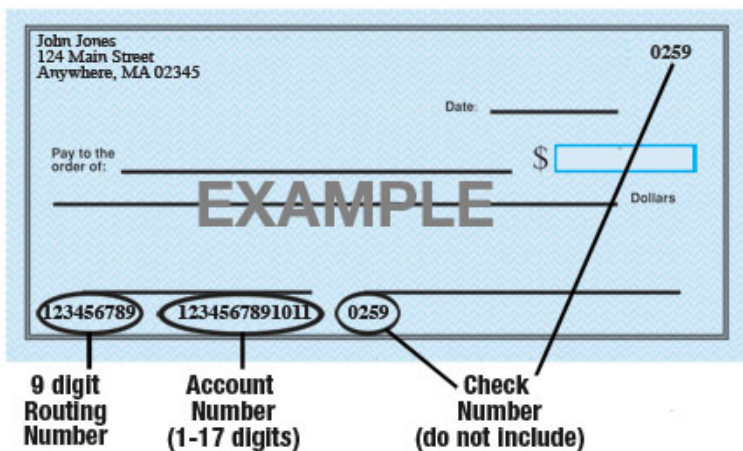
Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included)

Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by PayDay, Inc.

Employer Signature: _____ **Date** _____



I hereby authorize Payday Employer Solutions to deposit any amounts owed to me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter referred to as "Bank") indicated on this form. Additionally, I authorize Bank to accept and to credit any amounts indicated by Payday Employer Solutions to my account. In the event that Payday Employer Solutions deposits funds erroneously into my account or the corresponding payroll is not funded properly, I authorize Payday Employer Solutions to debit my account for an amount not to exceed the original amount of the erroneous or unfunded credit.

This authorization shall remain in force and effect until Payday Employer Solutions and Bank have received written notice of its termination in such time and in such manner as to afford Payday Employer Solutions and Bank an opportunity to act

Employee/Worker Signature _____ Date _____