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Client # _____

Direct Deposit Form

NOTE: ALL DOCUMENTATION IS CONFIDENTIAL

Company Name: _____

Company Number: _____

I hereby authorize my employer _____ to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

Employee Name: _____ Employee Number: _____

1) Bank Name: _____ Checking _____ % or Flat amount \$ _____
 Saving _____ % or Flat amount \$ _____

Employee Routing (ABA) Number: _____ (Key: I: 123456789 I:)

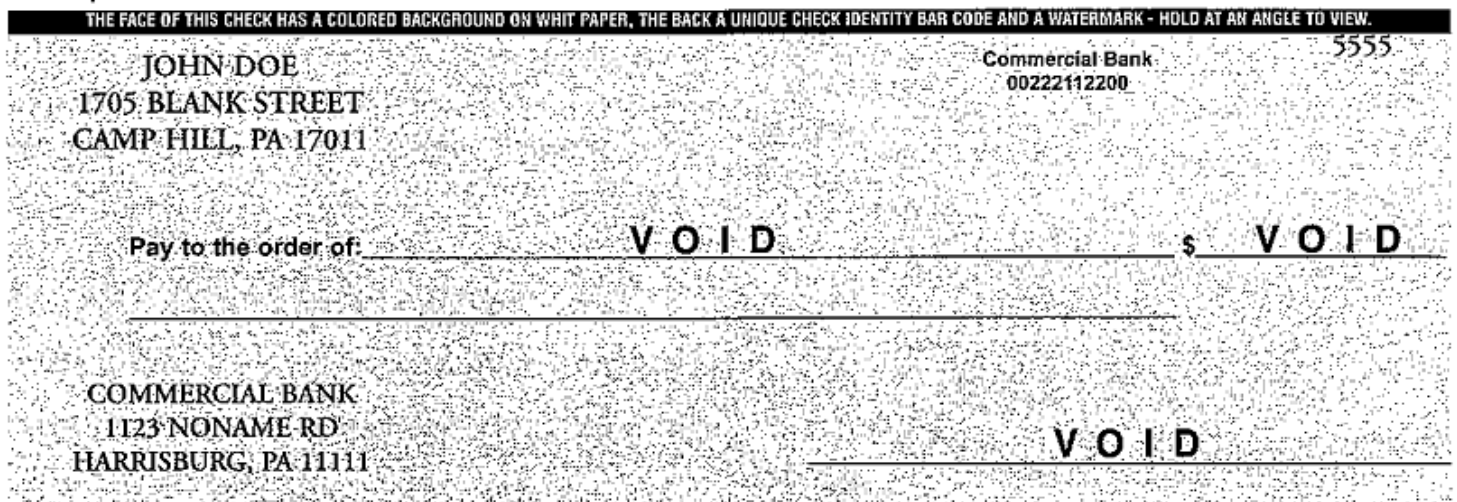
Employee Bank Account Number: _____ (Key: The other # that does not resemble # in the upper right hand corner of Check or ABA #.)

2) Bank Name: _____ Checking _____ % or Flat amount \$ _____
 Saving _____ % or Flat amount \$ _____

Employee Routing (ABA) Number: _____ (Key: I: 123456789 I:)

Employee Bank Account Number: _____ (Key: The other # that does not resemble # in the upper right hand corner of Check or ABA #.)

Example of Check



⑈ 005045 ⑆ ⑆ 123456789 ⑆ ⑆ 9876543210 ⑆ ⑆
(ABA) (BANK ACCOUNT)

X _____ X _____
Signature Title