

Direct Deposit Authorization

Employee Name: _____

Last 4 Digits of SSN: _____ Date: _____

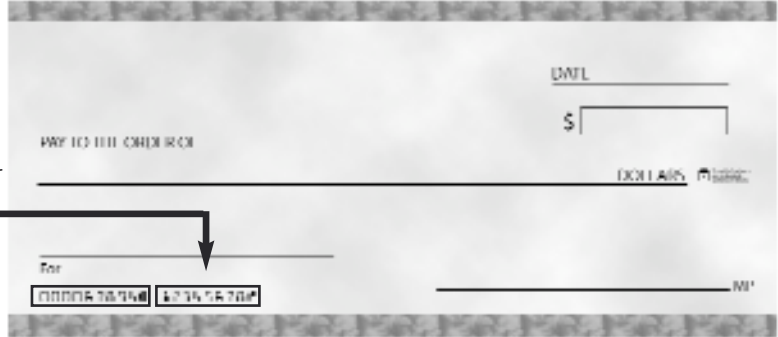
Worksite Employer: _____

Company Code: _____ Paygroup: _____

- ☐ I choose to waive Direct Deposit Authorization (Otherwise complete Direct Deposit Authorization information below)
Employees are allowed to set up a maximum of five direct deposit accounts. A maximum of three checking accounts and two saving accounts are allowed.

Account Number:
Your bank account number follows the transit number on the lower, left corner of the check (see diagram).

Transit Number:
A nine-digit number located in the lower, left corner of the check (see diagram).



	Account Type	Transit/ABA Number	Account Number	Full Net Deposit	Partial Deposit (Check if partial deposit)	Amount
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

☐ Send remainder as a live check.

Authorization Statement:

By signing the Direct Deposit Authorization form below you are agreeing to the following:

- I authorize ADP TotalSource and the bank listed above to deposit my net pay or a portion thereof as indicated into my account each pay date.
- If funds to which I am not entitled are deposited to my account, I authorize ADP TotalSource to direct the bank to return said funds to ADP TotalSource.
- I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.
- I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Signature: _____ Date: _____

Cancellation of Direct Deposit Authorization Instructions

Description

This form allows the employee to cancel an existing direct deposit.

How and When to Use

- ☐ If the employee is planning to close bank account or change banks, this form must be completed at least three weeks prior to the account closing.
- ☐ The fully completed and signed form should be faxed or mailed to the TotalSource Payroll representative at least 3 days before the payroll call-in date. Any delay in sending the form will delay cancellation of the direct deposit.