



## Direct Deposit Authorization

Company Name:	
Employee Name:	
Address:	City/ State / Zip:
Birth Date:	Social Security Number:

**CHOOSE YOUR METHOD OF DIRECT DEPOSIT:**

I request my payroll direct deposit be placed in the following account(s): Please attach a voided check or supporting bank documents. Please allow 1 – 2 weeks before this goes into effect.

Financial Institution Name	Routing Number	Account Number	Account Type	Deduction Amount Or Net Pay
	#: _____	#: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> HSA – Checking <input type="checkbox"/> HSA – Savings	<input type="checkbox"/> Specific \$ _____ <input type="checkbox"/> Percentage _____ % <input type="checkbox"/> Total Net Pay
	#: _____	#: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> HSA – Checking <input type="checkbox"/> HSA – Savings	<input type="checkbox"/> Specific \$ _____ <input type="checkbox"/> Percentage _____ % <input type="checkbox"/> Total Net Pay

**AND / OR:**

I request my payroll direct deposit be placed on a rapid! PayCard® MasterCard®

<b>Financial Institution Name: Meta Bank</b>	<b>Deduction Amount or Net Pay</b>
Allied Payroll Services will setup the account and provide the employee with the payroll pay card.	<input type="checkbox"/> Specific \$ _____ <input type="checkbox"/> Percentage _____ % <input type="checkbox"/> Total Net Pay

**Important! Please read and sign before completing and submitting.** I hereby authorize APS, Inc. to direct deposit my pay to the account(s) listed above and, if necessary, to electronically debit my account to correct erroneous credits. This authorization will remain in effect until I modify or cancel it in writing.

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