



## Direct Deposit Signup/Change Form

Please complete all sections of this form.

WORKER – REQUIRED INFORMATION
<p><i>PLEASE PRINT IN BLACK INK ONLY</i></p> <p>Worker Name _____</p> <p>Employee Number _____</p>

**WORKERS:** Retain a copy of this form for your records. Return the original to your employer.

**EMPLOYERS:** Return this form to your payroll specialist.

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT – PLEASE PRINT IN BLACK INK ONLY				
Bank Account Number*	Type of Account	Financial Institution ("Bank") Name	Deposit Type (check one):	Change My Deposit Amount to:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit

**Please attach one of the following for Checking or Savings accounts (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)

\*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

**Note:** The authorization can take up to three (3) pay periods to activate.

WORKER CONFIRMATION STATEMENT
<p><i>PLEASE PRINT IN BLACK INK ONLY</i></p> <p>I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.</p> <p>➔ <b>Worker Signature</b> _____ <b>Date</b> _____</p> <p><b>Accountholder Signature</b> _____</p> <p>(if worker's name does not appear on bank documentation)</p>

**Note:** Digital or Electronic Signatures are **not** acceptable.

EMPLOYER SECTION ONLY
<p><i>PLEASE PRINT IN BLACK INK ONLY</i></p> <p>Company Name <u>TECHLINK RESOURCES INC</u></p> <p>Service Location/Client Number <u>77-2878</u></p> <p>Federal ID Number (last 4 digits) <u>1040</u></p> <p>If bank documentation provided is different from what is listed above, the following must be completed by the employer:</p> <p>I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Advantage Payroll Services, Inc.</p> <p><b>Employer Signature</b> _____ <b>Date</b> _____</p>

<p><b>Advantage Use Only</b></p> <p>CSR <u>JONATHAN V.</u> Exl. <u>51324</u></p> <p>Run Date _____</p>
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