1st HR Source, Inc.

Helping Others To Succeed

DIRECT DEPOSIT AUTHORIZATION FORM

A

Company:_____ Employee Social Security Number _____-_____- _____

Employee Name (PLEASE PRINT): _____ _____ _____
Last First MI

B

FIXED AMOUNT OPTION

PLEASE MARK THE ONE THAT APPLIES (IF ANY)

( ) START DEPOSITING A FIXED AMOUNT, PER PAY CHECK, AS INDICATED BELOW
( ) CHANGE MY CURRENT FIXED AMOUNT OPTION AS INDICATED BELOW
( ) CANCEL MY CURRENT FIXED AMOUNT OPTION – ALSO SIGN IN SECTION D

If the fixed amount(s) noted below do not equal your total net pay, the difference will be paid thru a payroll check.

FOR START OR CHANGE, COMPLETE ALL THE INFORMATION BELOW

Deposit $_____ into my checking	Deposit $_____ into my savings
FINANCIAL INSTITUTION NAME:_____ FINANCIAL INSTITUTION ADDRESS:_____ *ROUTING/TRANSIT NUMBER _____ ACCOUNT NUMBER _____ **Attach a voided check**	FINANCIAL INSTITUTION NAME:_____ FINANCIAL INSTITUTION ADDRESS:_____ *ROUTING/TRANSIT NUMBER _____ ACCOUNT NUMBER _____ **Attach a voided savings deposit slip**

*Nine digit number that appears on the bottom of a check or deposit slip

C

NET PAY OPTION

PLEASE MARK THE ONE THAT APPLIES (IF ANY)

( ) START DEPOSITING A NET PAY, PER PAY CHECK, AS INDICATED BELOW
( ) CHANGE MY CURRENT NET PAY AMOUNT OPTION AS INDICATED BELOW
( ) CANCEL MY CURRENT NET PAY OPTION – ALSO SIGN IN SECTION D

FOR START OR CHANGE, COMPLETE ALL THE INFORMATION BELOW

DEPOSIT $___Net Pay_____INTO MY ( ) CHECKING ( ) SAVINGS

FINANCIAL INSTITUTION NAME:_____

FINANCIAL INSTITUTION ADDRESS:_____

*ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER _____

*Nine digit number that appears on the bottom of a check or deposit slip

Attach a voided check for Checking. Attach a voided savings deposit slip for Savings

D

I hereby authorize 1st HR Source, Inc and the financial institution(s) identified above to electronically deposit my pay into my designated account(s) and to correct my account(s) for any amounts deposited to it to which I am not entitled.

This authority is to remain in effect until I submit a new authorization form.

Employee Signature _____ Date _____

Work Location _____ Work Phone # _____

Fax to: Payroll
817/451-5109 (fax)

Questions: Payroll Department
817-451-5100 (voice) or payroll@1sthrsource.com