

Authorization for Direct Deposit

General Information

Name:	Client/Employer Name:	
Phone:	Email Address:	SSN (last 4 digits):
Action Requested (Check One):		
<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Stop Direct Deposit	<input type="checkbox"/> Change <i>(add/delete a bank, increase/decrease fixed amount or select a new bank account)</i>
Effective Date:	As Soon as Possible	Future Pay Date:

Account #1

Bank Name:	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Routing # (ABA #):	Account #:		
Percent or Dollar Amount to be Deposited to this Account:			

Account #2 (Remainder to be deposited into this account)

Bank Name:	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Routing # (ABA #):	Account #:		
Percent or Dollar Amount to be Deposited to this Account:			

DIRECT DEPOSIT CANCELLATION REQUEST

I, _____, wish to cancel my direct deposit for the following:

Accounts

Bank Name:	Account #:	Effective Date:
Bank Name:	Account #:	Effective Date:

AUTHORIZATION

I authorize Human Capital to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize Human Capital to direct the financial institution(s) to return said funds. I understand that it is my responsibility to verify that payments have been credited to my account(s) and that Human Capital assumes no liability for overdrafts for any reason.

I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, Human Capital cannot issue funds to me until the funds are returned to Human Capital by my financial institution(s). I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with Human Capital; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify Human Capital before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: _____ Today's Date: _____

For Internal Use Only

Verified SSN & Employee ID	Date:	Payroll Specialist:
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