



North Florida Payroll Services, Inc.

Direct Deposit

Employee Authorization

| | |
|--|------------------|
| Company Name: | |
| Employee Name: | Employee Number: |
| Checking or Savings: | |
| <input type="checkbox"/> New or Additional Direct Deposit | |
| <input type="checkbox"/> Change the Bank or Account Number on an Existing Direct Deposit | |
| <input type="checkbox"/> Change the Amount of an Existing Direct Deposit <i>Old Amount:</i> _____ <i>New Amount:</i> _____ | |
| <input type="checkbox"/> Other, Please Explain: | |

Deposit Slips will NOT be accepted

| Bank/Credit Union | Type Circle One | Routing Number (9 Digits) | Account Number | Amount or Percentage |
|-------------------|--------------------|------------------------------|----------------|-------------------------|
| | Ckg / Sav | | | |
| | Ckg / Sav | | | |
| | Ckg / Sav | | | |

**PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT
BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST**

It is my responsibility to verify deposits on a per day period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor North Florida Payroll Services is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Signature: _____ Date: _____