

Direct Deposit Authorization

Name: _____ Social Security #: _____

Name of Banking Facility:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	
Routing Number:	

Please note: Funds transferred by electronic transmission normally post to accounts in two to three working days after the payroll is processed. Employee remains responsible for verifying that the funds are deposited, clear and available prior to writing checks or debiting account versus any automatically transmitted amount.

- Voided check **MUST** be attached to this Direct Deposit form to ensure that banking information is correctly entered. Ad-VANCE Talent Solutions will not be held responsible for any handwritten information on this form.
Initial and Date: _____

I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Signature: _____ Date: _____

Very Important:

Please attach one of the following for each direct deposit:

- Voided check or copy of a check
- Copy of Banking Facility ID Card (for savings account)