



DIRECT DEPOSIT FORM

EMPLOYEE ADMINISTRATIVE SERVICES, INC.

*Save time by not having to go to the bank.
Increase safety by eliminating risk of losing your check.*

For Office Use Only:

Client No.: _____

Entered by: _____

Date: _____

Edited by: _____

Date: _____

Just complete the form below and mail or fax, along with a voided check, to:

Direct Deposit Authorization
P.O. Box 3303 Telep
Ridgeland, MS 39158-3303

Fax: 601-987-3029
hone: 601-956-9764

Once we receive your form, the direct deposit set-up should be finalized through the Federal Reserve System and your bank after 2 pay periods. ***Deposit availability depends on when payroll hours are received. All payroll hours received by 10:00 a.m. are processed for a 2-day turnaround.***

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I authorize _____, hereinafter called COMPANY, and its Agents, including Financial Institutions, acting on behalf of my employer, to initiate electronic credit card entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until COMPANY has received written information of its termination in such time and in such manner as to afford COMPANY, and its Agents, a reasonable opportunity to cancel it. (COMPANY reserves the right to charge a fee of \$0.50 for each deposit so long as this direct deposit remains in effect.)

Client Name: _____

Financial Institution Name: _____ \$ _____ (Amount)

City: _____ State: _____ Zip: _____

Checking Account Savings Account

Routing Number: _____ Account Number: _____

Attach a VOIDED Check Here

Please Note:

DEPOSIT SLIPS ARE NOT ACCEPTABLE

Name(s) on Account: _____

Employee ID Number: _____ Date: _____

Signature: _____