

# HUMAN RESOURCES, INC.

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:	Company:
Address:	City / State / Zip:
Birth Date:	Social Security Number:
Phone:	Email:
Effective Date:	


**CHOOSE YOUR METHOD OF DIRECT DEPOSIT:**

*I request my payroll deduction / direct deposit be placed in the following account(s):*

BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

**PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.**

**AND / OR:**

<b>rapid! PayCard Issuance Authorization Form</b>		
	<input type="checkbox"/> Direct Deposit      Type of Account: <b>rapid! PayCard (checking)</b> Financial Institution Name: <b>Stillwater National Bank and Trust Company</b>	<b>DEDUCTION AMOUNT / NET PAY</b>
	Customer ID: _____	\$ _____
	DDA #: _____ To Be Assigned by rapid! Financial Services, LLC and entered by HUMAN RESOURCES, INC.	OR
	Routing Number: <b>103101437</b>	<input type="checkbox"/> 100%

I authorize HUMAN RESOURCES, INC. to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize HUMAN RESOURCES, INC. to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify HUMAN RESOURCES, INC. in writing of my intent to cancel. Upon HUMAN RESOURCES, INC receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize HUMAN RESOURCES, INC. to debit my account(s) not to exceed the original amount of the credit.

I understand that HUMAN RESOURCES, INC. reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

**Note:** *If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_