



# Payroll Direct Deposit Plan

Application to Join

FAX (916) 669 8068

Please Print

## Employee Information

Name: _____		SS# _____	
LAST	FIRST		
Address: _____			
# STREET	CITY	STATE	ZIP
Phone #:		Email:	

## Bank Information

1. Bank Name & Address: _____			
Routing/Transit #: _____		Account Number: _____	
I wish to deposit \$ _____ or _____ entire amount <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			
2. Bank Name & Address: _____			
Routing/Transit #: _____		Account Number: _____	
I wish to deposit \$ _____ or _____ entire amount <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			
***PLEASE ATTACH A VOIDED CHECK***			

I hereby authorize SearchPros to deposit my wages or salary directly into my account with the above named bank on scheduled payroll dates. I understand that I will be furnished with a payroll voucher showing payroll deductions, net pay, and the date of deposit, further I authorize SearchPros to withdraw any funds that may have been deposited into my account in error.

I understand any time I set up a new account or change my bank account or bank, the first check following the initial set up or change will result in an actual live paycheck. Thereafter, funds will be direct deposited into my account. In addition, once the assignment has ended, I understand the final paycheck will be issued in the form of a live paycheck.

**Important:** Funds transmitted by direct deposit may take up to 48 hours to be posted to your account. Always verify that your account has been credited with direct deposit funds prior to writing checks or otherwise making withdrawals from your account.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CANCELLATION OF DIRECT DEPOSIT PLAN AUTHORIZATION

I hereby cancel this direct deposit authorization.

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