



Direct Deposit Form

GENERAL INFORMATION

Employee Name (as it appears on your account)	
Social Security Number	Company Name

FINANCIAL INSTITUTION

Bank Name	State	Account Number	Routing Number	Account Type	Amount/Percent
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

PLEASE CHECK ONE

<input type="checkbox"/>	New or Additional Direct Deposit		
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit	Account Number to be Replaced:	
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit	Amount Was:	Amount Changed To:
<input type="checkbox"/>	Other (please explain):		

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize HR Solutions and the bank(s) listed to deposit my net pay electronically to my account(s) each pay period. If for some reason, excess funds are deposited to my account, I authorize HR Solutions and the bank(s) to correct the situation. This authorization remains in place until I send written notice to cancel. I recognize that Direct Deposit may take one full payroll cycle before going into effect. Please note: This form must be signed in order for your direct deposit to take effect.

Signature: _____

Name (printed): _____ Date: _____

Employees: Please attached a voided check and verify with your bank that your first direct deposit has been processed correctly. Contact HR Solutions if you have any questions.

HR Solutions
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