



# Payroll - Employee Information

(ALL INFORMATION IS REQUIRED)

## Authorization for Direct Deposit

I authorize \_\_\_\_\_ (my employer) and Professional Financial Specialists, Inc. (PFSI) to deposit my pay automatically to the account(s) indicated below and if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford my employer and/or PFSI a reasonable opportunity to act on it. I also accept that a copy of this form is as valid as the original.

New Direct Deposit Setup       Changes to Current Direct Deposit

### Primary Account: (Attach Voided Check, Deposit Slip or Account Verification Letter)

Bank Name: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

Amount:     Entire Paycheck     Amount \$ \_\_\_\_\_

Pay Balance (if any) to:     Manual Check     Secondary Account

### Secondary Account: (Attach Voided Check, Deposit Slip or Account Verification Letter)

Bank Name: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

Amount:     Remaining Paycheck

**A VOIDED CHECK, DEPOSIT SLIP or ACCOUNT VERIFICATION LETTER IS REQUIRED FOR THE ABOVE ACCOUNT(S). DIRECT DEPOSIT WILL NOT BE SETUP WITHOUT THEM!**

(Copies of a voided check, deposit slip or verification are acceptable)

Signature of Employee/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

To submit this form, please fax it to: 800.230.5687 or 303.444.6124, ATTN: Payroll Dept.