

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.