



Direct Deposit Authorization

Please complete this form with a blue/black pen.

Company Name: _____	Effective Date: _____
Name: _____ <small>First Last</small>	Social Security #: _____ - _____ - _____

I would like my earnings **deposited** directly to my account(s) every payday, as indicated below, and I hereby authorize Human Resource Novations, Inc. (HRn), to initiate such deposit(s) through the payroll service.

I understand HRnovations pre-notes first deposits for all new or changed direct deposit authorizations (to verify my routing and bank account numbers) and my first check will be a live check.

By checking this box I am electing to waive the pre-note of my new/updated direct deposit

A voided check must be provided to waive pre-noting.

I request that my automatic deposit for the account(s) indicated below be **cancelled** by the effective date above.

IMPORTANT!!

A VOIDED CHECK OR OTHER DOCUMENT FROM THE BANK SHOWING THE ACCOUNT NUMBER AND ROUTING NUMBER MUST BE ATTACHED TO THIS FORM.

Financial Institution Information

Primary Account:	
Financial Institution Name: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number Last 4 digits: _____	Deposit Amount: -NET/Remainder-
Secondary Account:	
Financial Institution Name: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number Last 4 digits: _____	Deposit Amount: \$ _____ / _____ %
Other Account:	
Financial Institution Name: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number Last 4 digits: _____	Deposit Amount: \$ _____ / _____ %

I further understand that to initiate such deposits or make changes can take **one to two pay periods** after receipt and that my bank has final control over the deposits; this represents an agreement between my bank and me.

PLEASE RETURN FORM TO:
HRnovations
FAX: (425) 451-3055
E-mail: Forms@hrnovations.com

Employee Signature Date