



## 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 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:  Checking  Savings \_\_\_\_\_  
 Account Number Last 4 digits: \_\_\_\_\_ Deposit Amount: **-NET/Reminder-**

**Secondary Account:**

Financial Institution Name: \_\_\_\_\_ Account Type:  Checking  Savings \_\_\_\_\_  
 Account Number Last 4 digits: \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_ / \_\_\_\_\_ %

**Other Account:**

Financial Institution Name: \_\_\_\_\_ Account Type:  Checking  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 \_\_\_\_\_

OFFICIAL USE ONLY: Payroll _____ Date _____	Prenote Date: _____	EE ID: _____
REVIEW ONLY: Payroll _____ Date _____		