



NEW DIRECT DEPOSIT

CLIENT INF	CLIENT INFORMATION															
OFFICE											FRA	AN#				
EMPLOYEE INFORMATION																
EMPLOYEE											EE	EE#				
I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I will provide my employer a two week notice before closing bank accounts. This authorization remains in full force until PayPLUS receives written termination notification from the employee. SIGNATURE SIGNATURE DATE																
BANK INFO	RMAT	ION								1						
BANK NAME											ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS					
ROUTING NUMBER		DEPOS NET														
	THE BAN	IK ROUTIN	IG NUMBE	R MUST B	E NINE (9) [DIGITS IN	LENGTH				.D AWOO	Ψ				
ACCOUNT NUMBER																
BANK ACCOUNT NUMBER CAN BE ANY LENGTH BUT ALL DIGITS MUST BE INCLUDED ABOVE																
A COPY OF A VOIDED CHECK IS ENCOURAGED TO ENSURE ACCURATE BANK AND ACCOUNT INFORMATION IS BEING PROVIDED. PLEASE NOTE THAT ALL NEW DIRECT DEPOSITS ARE "PRE-NOTED" WITH THE EMPLOYEE'S FINANCIAL INSTITUTION PRIOR TO BECOMING ACTIVE IN PAYPLUS. EMPLOYEE MAY RECEIVE ONE CHECK AFTER THIS FORM HAS BEEN SUBMITTED. PRE-NOTING CAN BE WAIVED BUT PAYPLUS DOES NOT GUARANTEE THE DIRECT DEPOSIT WILL CLEAR THE EMPLOYEE'S FINANCIAL INSTITUTION. THIS MAY RESULT IN EMPLOYEE NOT RECEIVING THEIR COMPENSATION ON PAY DAY.																
WAIVE PRE-NOTE?																
PAYPLUS USE ONLY		RECEIVE	D DATE		l	UPDATED B	BY:		CLIEN	T NOTIFIED	BY:		EFFECT	IVE DATE:		

PayPLUS LLC **FAX** to: (402) 933-0288 FIN-108 (v 04-09)