EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

NOTICE: ALL INFORMATION MUST BE COMPLETE TO INSURE PROMPT PROCESSING

EMPLOYER SECTION

I hereby authorize the below listed employee to enroll in our company sponsored direct deposit program and authorize Abacus Payroll Services, Inc to initiate the following enrollment based upon the information contained within this form. Fax this signed form to your payroll support representative. Please allow two days before your next processing day. A VOIDED CHECK and or a BANK SPEC SHEET must be sent along with this form.

along with this form.	
COMPANY NAME:	
AUTHORIZED SIGNATURE:	
EMPLOYEE SECTION	
NAME	
BANK NAME	
ACCOUNT NO	
ROUTING NO	
TYPE OF ACCOUNT	☐ Checking ☐ Savings
I authorize my employer and Abacus Payroll Services to deposit my paycheck each payday into the account named above. This authority will remain in force until I have given written notice that I have terminated it or until my employer has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow my instructions to be executed. If ever an incorrect or inaccurate amount should be entered into my account, I agree to advise my employer immediately and I authorize Abacus Payroll Services and my bank to make appropriate adjustments and/or reversal transactions as deemed appropriate. I have attached a copy of a voided check, unsigned with the word "VOID" written on the check and or bank "SPEC SHEET" for each account listed above. By signing below I accept the terms and conditions as stated above and understand setup will occur within the next 1-2 payroll cycles. In order to avoid delays, full and complete information is required.	
EMPLOYEE SIGNATURE:	
DATE:	
	YOUR NAME 123 YOUR STREET YOUR CITY, STATE 12345 DATE:
PLEASE ATTACH VOIDED CHECK	PAY TO THE ORDER OF:

000123456

1001

Check Number

Account Number

1234567890

Routing Number